HIGH VOLTAGE PERMIT

0001 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the				
			significant findings of assessments and identify those especially at risk. Risk				
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of				
			works commencing.				

ISOLATION:														
		State isolation p	oint(s), whether o	r not isolator(s) ha	as (have) been	padlocked off, fuse	s with	ndrawn.						
WARNING NO	OTICES:													
		State where Cau	ition/Danger noti	ces have been pos	ted.									
PROVE APPA	RATUS DEAD:													
		State what tests	State what tests have been made, where and with what instruments.											
EARTHING:														
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.							
OTHER PREC	AUTIONS:													
		Specify if require	ed for special circu	imstances.									J	
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)					
			1											
Name:			Positio	on:					Conta	act:				
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE						
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus	
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app		
Permit Issuer:			Signature:				Valid From							
								valiu r	TOITI.	Time:		Date:		
	kers under my co	ntrol will wo	rk on any oth			scribed above. ngerous apparatus. I Valid To			Го:	Time:		Date:		
will re-sign this per	mit once the work	is complete	d.											
Permit Acceptor:				Signature:			_							
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION						
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.				
Permit Acceptor:				Signat	ure:					Time:		Date:		
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ	
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.	
	Time	e:	Date:		1					Time:		Date:		

HIGH VOLTAGE PERMIT

0002 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
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Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poin	t(s), whether or n	ot isolator(s) has	(have) been	oadlocked off, fuses	s witha	drawn.					
WARNING NOTICES:												
	State where Caution	n/Danger notices	have been poste	ed.								
PROVE APPARATUS DEAD:												
	State what tests have been made, where and with what instruments.											
EARTHING:												
	State where appara	atus has been eart	thed and, for test	ing, which ea	rths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required for											
	EME	RGENCY	CONTACT	_(Persor	not involve	ed ir	n the w	ork)				
	1											1
Name:		Position	ו:					Conta	act:			
		ΔΙΙΤΗ			О АССЕРТА	NC	F					
I hereby declare that the above preca specified above is safe to work on.	utions have be	en taken and	d made knov	wn to the	Permit Accep	otor i	n charge	e of the	work. I	consider that	the app	aratus
						г					1	
Permit Issuer:		gnature:				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co	ntrol will work o					us. I Valid To: Time:				Date:		
will re-sign this permit once the work	is completed.											
Permit Acceptor:		Si	ignature:									
		HANDBA	CK , RECE	IPT AN	D CANCEL	LAT	<u>FION</u>					
I confirm that the activity has been co	ompleted, chec	ked by myse	elf and the ar	rea left se	cure and in a s	safe a	and tidy	conditi	ion.			
Permit Acceptor:			Signatu	re:					Time:		Date:	
SECU	<u>JRITY</u>					ES	TATES	5 & CA	PITAL	L DEVELOP	MEN	[
I acknowledge receipt of this permit I in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0003 REF:

V .		
ston	University	

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for t	his task? 🔿 YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊂ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLATION:														
L		State isolation p	oint(s), w	vhether or	not isola	tor(s) has	(have) been	padlocked off, fuse	es with	hdrawn.					
	WARNING NOTICES:														
Г		State where Cau	tion/Dar	nger notic	es have b	een poste	ed.								
	PROVE APPARATUS DEAD:														
r		State what tests	have bee	en made,	where an	d with wh	at instrumer	ts.							
	EARTHING:														
		State where app	aratus ho	as been ee	arthed an	d, for test	ing, which ea	rths may be remo	ved.						
	OTHER PRECAUTIONS:														
L		Specify if require	d for spe	cial circur	nstances.										
	EMERGENCY CONTACT (Person not involved in the work)														
			1												
N	ame:		P	Positic	on:						Conta	act:			
				AUT	HORI	SATI	ON ANI	D ACCEPT		CE					
1 14		utions have											a a u ci el a u éla a é	4 k a a 10 10	
	ereby declare that the above preca ecified above is safe to work on.		beent	lakena	nu ma		wh to the		ρισι	in charg	je or the	WOIK. I	consider that	the app	odiatus
De	ermit Issuer:			. [
Pe			Signat	ure:						Valid I	From:	Time:		Date:	
la	cknowledge receipt of this permit a	and understa	nd the	e safety	, preca	utions	described	l above.			_			1	
	ither I or the workers under my cor Il re-sign this permit once the work			iny othe	er elect	trically	dangerou	ıs apparatus.	I	Valid	To:	Time:		Date:	
_							ſ								
Pe	ermit Acceptor:				Signat	ure:									
			HA	ANDB	ACK,	RECE	IPT AN	D CANCEI	LLA	TION					
l co	onfirm that the activity has been co	ompleted, ch	ecked	by my	self and	d the ar	rea left se	cure and in a	safe	e and tid	y conditi	ion.		_	
Pe	ermit Acceptor:] s	ignatu	re:					Time:		Date:	
	SECU	<u>JRITY</u>							E	STATE	S & CA	PITA	L DEVELOP	MEN.	<u>r</u>
	cknowledge receipt of this permit h charge has left the area secure and					erson							completed in safe and tidy		ance with this on.
	Time	e:		Date:								Time:		Date:	

HIGH VOLTAGE PERMIT

REF: 0004

Mobile Number:

Astor	1 Univers	ity		
Contra	ctor:		Permit Acceptor:	

Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
		Ν	VB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	int(s), whether o	or not isolator(s) ha	ıs (have) been	padlocked off, fuses	s with	hdrawn.					
WARNING NOTICES:	State where Cauti	on/Danaer noti	ices have been posi	ted								
PROVE APPARATUS DEAD:												
EARTHING:	State what tests h	ave been made	, where and with w	hat instrumen	ts.							
	State where appar	ratus has been o	earthed and, for te	sting, which ea	irths may be remove	red.						
OTHER PRECAUTIONS:												
	Specify if required			- /2								
EMERGENCY CONTACT (Person not involved in the work)												
Name:		Positi	on:					Conta	ict:			
	AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken a	and made kno	own to the	Permit Accep	otor	in charge	e of the	work. I d	consider that	the app	aratus
Permit Issuer:	Si	gnature:					Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work	on any oth					Valid T	o:	Time:		Date:	
Permit Acceptor:			Signature:	[
		HANDE	BACK, REC	EIPT AN	D CANCEL	LA	TION					
I confirm that the activity has been co	ompleted, che	cked by my	/self and the a	area left se	cure and in a s	safe	and tidy	conditi	ion.			
Permit Acceptor:			Signati	ure:					Time:		Date:	
SECU	<u>JRITY</u>					<u>E</u> !	STATES	5 & CA	PITAL	DEVELOP	MEN	
I acknowledge receipt of this permit in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0005 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLATION:											
I		State isolation p	oint(s), whether	or not isolator(s)	has (have) beer	n padlocked off, fuses v	withdrav	vn.				
	WARNING NOTICES:											
		State where Cau	tion/Danger no	tices have been p	oosted.							
	PROVE APPARATUS DEAD:											
		State what tests	have been mad	e, where and wit	h what instrume	ents.						
	EARTHING:											
		State where app	aratus has beer	earthed and, for	r testing, which e	earths may be removed	d.					
	OTHER PRECAUTIONS:											
		Specify if require	d for special cire	cumstances.								
		EM	ERGENC	Y CONTA	CT (Perso	n not involve	d in t	he work)				
			1	[
N	ame:		Posit	ion:				Conta	act:			
			ΔΠ	THORISA		D ACCEPTA	NCF					
	ereby declare that the above preca ecified above is safe to work on.	autions have	been taken	and made k	nown to th	e Permit Accept	or in c	harge of the	work. I	consider that	the appa	ratus
	ermit Issuer:											
Fe			Signature:				Va	lid From:	Time:		Date:	
				••••••••••••••			ı					
Ne	cknowledge receipt of this permit a either I or the workers under my cor Il re-sign this permit once the work	ntrol will wor	k on any ot				Va	lid To:	Time:		Date:	
				1							•	
Pe	ermit Acceptor:			Signature	:							
			HAND	BACK, RE	CEIPT AI	ND CANCELL	ATIC	<u>NC</u>	·			
l c	onfirm that the activity has been co	ompleted, ch	ecked by m	yself and th	e area left s	ecure and in a sa	afe and	d tidy condit	ion.			
Pe	ermit Acceptor:			Sign	ature:				Time:		Date:	
	<u>SECL</u>	<u>JRITY</u>					EST/	ATES & CA	PITAL	L DEVELOF	MENT	
	cknowledge receipt of this permit h charge has left the area secure and	5		•	on	l am satisfied permit and th				completed in safe and tidy		
	Time	e:	Date:						Time:		Date:	

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PROVE APPARATUS DEAD:											
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EARTHING:											
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OTHER PRECAUTIONS:											
	Specify if required	l for special circumsta	nces.								
EMERGENCY CONTACT (Person not involved in the work)											
Name:	ame: Position:					Conta	act:				
		AUTHO	DRISATION AN	D ACCEPTAN	ICE						
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken and	made known to th	e Permit Accepto	or in cha	rge of the	work. I	consider that	the appa	ratus	
					_		•		i		
Permit Issuer:	Si	ignature:			Valid	From:	Time:		Date:		
Neither I or the workers under my co	ntrol will work	on any other e		I acknowledge receipt of this permit and understand the safety precautions described above. Valid To: Time: Date: Neither I or the workers under my control will work on any other electrically dangerous apparatus. I Valid To: Time: Date:							
in ite sign and permit once are non	vill re-sign this permit once the work is completed.										
						10.	Time:				
Permit Acceptor:			nature:]	
Permit Acceptor:		Sig	nature: :K, RECEIPT AN]	
Permit Acceptor:	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION						
	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION				Date:		
I confirm that the activity has been co	ompleted, che	Sig	CK, RECEIPT AN and the area left so	ND CANCELL	ATION fe and ti	dy condit	ion. Time:	DEVELOP	Date:		
I confirm that the activity has been co	JRITY having been ii	Sig HANDBAC	K, RECEIPT AN and the area left so Signature:	ND CANCELL	ATION fe and ti ESTAT	dy condition	ion. Time: NPITAL	completed in	Date:		

HIGH VOLTAGE PERMIT

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Contractor:	Permit Acceptor:	Mobile Number:	
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WARNING NOTICES:	[- 4							
	State where Caut	ion/Danger noti	ces have been post	ed.							
PROVE APPARATUS DEAD:											
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EARTHING:											
	State where appa	ıratus has been e	earthed and, for tes	ting, which ea	irths may be remov	/ed.					
OTHER PRECAUTIONS:											
	Specify if required										
	EMI	ERGENCY		[(Persor	n not involv	ed	in the work	l			
								Г			
Name:		Positio	osition:				Со	ntact:			
			HORISATI				C E				
I hereby declare that the above preca specified above is safe to work on.	autions have b	oeen taken a	and made kno	wn to the	Permit Accep	otor	r in charge of 1	he work.	l consider that	the app	aratus
Permit Issuer:							[-	
	3	ignature:					Valid Fron	1: Time	:	Date:	
l acknowledge receipt of this permit a	and understar	nd the safet	y precautions	described	above.	٦				1	
Neither I or the workers under my co will re-sign this permit once the work			ner electrically	dangerou	ıs apparatus. I	I	Valid To:	Time		Date:	
				r							
Permit Acceptor:			Signature:								
		HANDE	BACK, REC	EIPT AN	D CANCEL	.LA	TION	·			
I confirm that the activity has been co	ompleted, che	ecked by my	/self and the a	rea left se	cure and in a	safe	e and tidy con	dition.			
Permit Acceptor:			Signatu	ıre:				Time] Date:	
<u>SECI</u>	JRITY					E	STATES &	CAPITA	L DEVELO	PMEN	[
l acknowledge receipt of this permit l in charge has left the area secure and	5		•				,		n completed in a safe and tidy		
]							1	
Tim	e:	Date:						Time		Date:	

HIGH VOLTAGE PERMIT

0008 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
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WARNING NO	OTICES:												
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PROVE APPA	RATUS DEAD:												
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EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
AUTHORISATION AND ACCEPTANCE													
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0009 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
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ISOLATION:												
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WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	te what tests have been made, where and with what instruments.										
EARTHING:	EARTHING:											
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	on:					Conta	act:			
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus												
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0010 REF:

Aston University

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Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		I		NB: The Management of Health and

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EARTHING:	EARTHING:									
	State where appa	ratus has been earthe	ed and, for testing, which e	arths may be removed						
OTHER PRECAUTIONS:										
	Specify if required	l for special circumsta	nces.							
	EM	ERGENCY CO	DNTACT (Perso	n not involved	d in the	work)				
Name:		Position:				Conta	act:			
AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken and	made known to th	e Permit Accepto	or in cha	rge of the	work. I	consider that	the appa	ratus
							•		i	
Permit Issuer:	Si	ignature:			Valid	From:	Time:		Date:	
Neither I or the workers under my co	ntrol will work	on any other e	I acknowledge receipt of this permit and understand the safety precautions described above. Neither I or the workers under my control will work on any other electrically dangerous apparatus. I Valid To: Time: Date:							
will re-sign this permit once the work is completed.						10.	Time:			
						10.	Time:			
Permit Acceptor:			nature:]
Permit Acceptor:		Sig	nature: :K, RECEIPT AN]
Permit Acceptor:	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION					
	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION				Date:	
I confirm that the activity has been co	ompleted, che	Sig	CK, RECEIPT AN and the area left so	ND CANCELL	ATION fe and ti	dy condit	ion. Time:	DEVELOP	Date:	
I confirm that the activity has been co	JRITY having been ii	Sig HANDBAC	K, RECEIPT AN and the area left so Signature:	ND CANCELL	ATION fe and ti ESTAT	dy condition	ion. Time: NPITAL	completed in	Date:	

HIGH VOLTAGE PERMIT

0011 REF:

Aston	University
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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	int(s), whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdr	rawn.					
WARNING NOTICES:												
	State where Cauti	on/Danger noti	ices have been pos	sted.								
PROVE APPARATUS DEAD:												
	State what tests h	ave been made,	, where and with v	vhat instrumer	ts.							
EARTHING:												
	State where appar	ratus has been e	earthed and, for te	sting, which ea	irths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
EMERGENCY CONTACT (Person not involved in the work)												
	1								_			1
Name:	Positi	on:	Con				ontact	tact:				
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	and made kn	own to the	Permit Accept	tor in	n charge of	the wo	ork. I	consider that t	the app	aratus
Permit Issuer:												
		gnature:				Valid From: Time: Date:						
						, L						
I acknowledge receipt of this permit a Neither I or the workers under my cor will re-sign this permit once the work	ntrol will work	on any oth				V	/alid To:	Ті	ime:		Date:	
will re-sign this permit once the work	is completed.	•									1	
Permit Acceptor:			Signature:	[
		HANDE	BACK, REC	EIPT AN	D CANCELI	LAT	ION					
I confirm that the activity has been co	ompleted, che	cked by my	/self and the	area left se	cure and in a s	safe a	and tidy co	ndition	۱.			
Permit Acceptor:			Signat	ure:] ті	ime:		Date:	
<u>SECL</u>	<u>JRITY</u>					EST	TATES &	CAP	ITAL	DEVELOP	MEN	[
l acknowledge receipt of this permit h in charge has left the area secure and	5		•	1						completed in safe and tidy		ance with this on.
Time	e:	Date:		Ī				Ті	ime:		Date:	

HIGH VOLTAGE PERMIT

0012 REF:

Aston	Univers	ity

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) he	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
EMERGENCY CONTACT (Person not involved in the work)												
												1
Name:	Positio	on:	C			Conta	ntact:					
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus												
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid From: Time: Date:					
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0013 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the			
			significant findings of assessments and identify those especially at risk. Risk			
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of			
			works commencing.			

ISOLATION:												
	State isolation poin	t(s), whether or n	ot isolator(s) has	(have) been	oadlocked off, fuses	s witha	drawn.					
WARNING NOTICES:												
	State where Caution	n/Danger notices	have been poste	ed.								
PROVE APPARATUS DEAD:												
	State what tests ha	ve been made, wł	here and with wh	at instrumen	ts.							
EARTHING:												
	State where appara	atus has been eart	thed and, for test	ing, which ea	rths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required for											
	EME	RGENCY	CONTACT	_(Persor	not involve	ed ir	n the w	ork)				
	1											1
Name:		Position	ו:					Conta	act:			
		ΔΙΙΤΗ			О АССЕРТА	NC	F					
I hereby declare that the above preca specified above is safe to work on.	utions have be	en taken and	d made knov	wn to the	Permit Accep	otor i	n charge	e of the	work. I	consider that	the app	aratus
						г					1	
Permit Issuer:		gnature:			Valid From:				Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co	ntrol will work o						Valid T	o:	Time:		Date:	
will re-sign this permit once the work	is completed.											
Permit Acceptor:		Si	ignature:									
		HANDBA	CK , RECE	IPT AN	D CANCEL	LAT	<u>FION</u>					
I confirm that the activity has been co	ompleted, chec	ked by myse	elf and the ar	rea left se	cure and in a s	safe a	and tidy	conditi	ion.			
Permit Acceptor:			Signatu	re:					Time:		Date:	
SECU	<u>JRITY</u>					ES	TATES	5 & CA	PITAL	L DEVELOP	MEN	[
I acknowledge receipt of this permit I in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0014 REF:

Aston University

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Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		1		NB: The Management of Health and ISafety at Work Regulations 1999 (as

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	amended) require that organisations with five or more employees record the			
			significant findings of assessments and identify those especially at risk. Risk			
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of			
			works commencing.			

ISOLATION:										
	State isolation po	int(s), whether or not	isolator(s) has (have) beer	padlocked off, fuses w	vithdrawn.					
WARNING NOTICES:										
	State where Cauti	ion/Danger notices ho	ave been posted.							
PROVE APPARATUS DEAD:										
	State what tests h	ave been made, whei	e and with what instrume	nts.						
EARTHING:										
	State where appa	ratus has been earthe	ed and, for testing, which e	arths may be removed						
OTHER PRECAUTIONS:										
	Specify if required	l for special circumsta	nces.							
EMERGENCY CONTACT (Person not involved in the work)										
Name:			Conta	act:						
AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus specified above is safe to work on.										
					_		•		i	
Permit Issuer:	Si	ignature:			Valid	From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work	on any other e			Valid	To	Time:		Date:	
in ite sign and permit once are non	ill re-sign this permit once the work is completed.									
						10.	Time:			
Permit Acceptor:			nature:]
Permit Acceptor:		Sig	nature: :K, RECEIPT AN]
Permit Acceptor:	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION					
	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION				Date:	
I confirm that the activity has been co	ompleted, che	Sig	CK, RECEIPT AN and the area left so	ND CANCELL	ATION fe and ti	dy condit	ion. Time:	DEVELOP	Date:	
I confirm that the activity has been co	JRITY having been ii	Sig HANDBAC	K, RECEIPT AN and the area left so Signature:	ND CANCELL	ATION fe and ti ESTAT	dy condition	ion. Time: NPITAL	completed in	Date:	

HIGH VOLTAGE PERMIT

REF: 0015

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Aston University	

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poir	nt(s), whether c	or not isolator(s) h	nas (have) beer	n padlocked off, fuses	s with	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been po	sted.								
PROVE APPARATUS DEAD:												
	State what tests ha	ive been made,	, where and with	what instrume	ents.							
EARTHING:												
	State where appare	atus has been e	earthed and, for t	esting, which e	earths may be remov	ed.						
OTHER PRECAUTIONS:												
L	Specify if required i	for special circu	umstances.									
	EME	RGENCY	(CONTAC	T (Perso	n not involve	ed i	n the w	/ork)				
	1											
Name:		Positi	on:					Conta	ict:			
		AUI	INUNISAI		D ACCEPTA		<u>.c</u>					
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken a	and made kr	nown to th	e Permit Accep	otori	in charg	e of the	work. I	consider that	the app	aratus
Permit Issuer:	Sig	gnature:					Valid F	rom:	Time:		Date:	
l acknowledge receipt of this permit a Neither I or the workers under my co will re-sign this permit once the work	ntrol will work						Valid T	Го:	Time:		Date:	
Permit Acceptor:			Signature:									
		HANDE	BACK, REG	CEIPT AI	ND CANCEL	LA.	<u>TION</u>					
I confirm that the activity has been co	ompleted, cheo	cked by my	/self and the	area left s	ecure and in a s	safe	and tidy	/ conditi	ion.			
Permit Acceptor:			Signa	ture:					Time:		Date:	
SECU	<u>JRITY</u>		· ·			<u>ES</u>	STATE	S & CA	PITAL	DEVELOF	MEN	<u> </u>
I acknowledge receipt of this permit I in charge has left the area secure and				n						completed in safe and tidy		ance with this on.
Tim	e:	Date:]					Time:		Date:	

HIGH VOLTAGE PERMIT

0016 REF:

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ASCONOTIN	ersity

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPARATUS DEAD: State what tests have been made, where and with what instruments.													
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
	State where apparatus has been earthed and, for testing, which earths may be removed.												
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	10111.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0017 REF:

Aston	University
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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD: State what tests have been made, where and with what instruments.												
	State what tests ha	what tests have been made, where and with what instruments.										
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	on:					Conta	act:			
		AUT	HORISAT		D ACCEPTA	NC	F					
	·· 1 1							6.4			.1	
I hereby declare that the above precat specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

REF: 0018

Aston Unive	rsity		
Contractor:			Permit

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the				
			significant findings of assessments and identify those especially at risk. Risk				
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of				
			works commencing.				

	ISOLATION:													
I		State isolation p	oint(s), whether	or not isola	tor(s) has (have) be	en padlocked off, fuse	s with	hdrawn.						
	WARNING NOTICES:													
1	[State where Cau	tion/Danger no	tices have b	een posted.									
	PROVE APPARATUS DEAD:													
		State what tests	have been mad	e, where and	d with what instrun	nents.								
	EARTHING:													
		State where app	aratus has been	earthed an	d, for testing, whicl	n earths may be remov	red.							
	OTHER PRECAUTIONS:													
		Specify if require	d for special circ	umstances.										
		EM	ERGENC	Y CON	TACT (Pers	on not involv	ed I	in the v	vork)					
			1											
N	ame:		Posit	ion:					Conta	act:				
						ND ACCEPTA								
	ereby declare that the above preca ecified above is safe to work on.	utions have l	been taken	and mad	de known to t	he Permit Accep	otor	in charg	ge of the	work. I	consider that	the app	aratus	
								r						
Ре	ermit Issuer:		Signature:					Valid	From:	Time:		Date:		
							_							
	cknowledge receipt of this permit a either I or the workers under my cor							Valid ⁻	To	Time:		Date:		
	Il re-sign this permit once the work		•		Incarry danger	ous apparatus.	'	Vana	10.	Time.				
		•		1						1				
Pe	ermit Acceptor:			Signat	ure:									
			HAND	BACK,	RECEIPT A	ND CANCEL	.LA	TION						
١c	onfirm that the activity has been co	ompleted, ch	ecked by m	yself and	d the area left	secure and in a	safe	e and tid	y condit	ion.				
Pe	ermit Acceptor:			s	ignature:					Time:		Date:		
	SECL	<u>JRITY</u>					E	STATE	S & CA	PITAL	DEVELOP	MEN	Γ	
	cknowledge receipt of this permit h charge has left the area secure and				erson						completed in safe and tidy			this
	Time	e:	Date:							Time:		Date:		

HIGH VOLTAGE PERMIT

0019 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PREC	AUTIONS:												
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name: Position: Contact:													
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0020 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.						
WARNING NOTICES:													
	State where Cautio	on/Danger noti	ices have been pos	ited.									
PROVE APPARATUS DEAD:													
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.								
EARTHING:													
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.							
OTHER PRECAUTIONS:	OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.										
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)					
												1	
Name:		Positio	on:					Conta	act:				
	AUTHORISATION AND ACCEPTANCE												
	·· 1 1							6.4			.1		
I hereby declare that the above precat specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus	
Permit Issuer:		gnature:				Г			r –				
		gnature.				ľ	Valid F	rom:	Time:		Date:		
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ							
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:		
]											
Permit Acceptor:			Signature:										
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>						
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.				
Permit Acceptor:			Signat	ure:					Time:		Date:		
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ	
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.	
Time	:	Date:		Ī					Time:		Date:		

HIGH VOLTAGE PERMIT

0021 REF:

Aston Univers	ity		0021
Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			

Has a suitable and sufficient risk assessment been undertaken for this ta	ask? 🔿 YES	⊖ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

PRECAUTIONS

ISOLATION:											
	State isolation poin	nt(s) whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdrawn					
		inds), whether e	,, 10(150)(10)(3) 11	us (nuve) been	pudioched on, ruses	minarann]
WARNING NOTICES:											
	State where Cautio	on/Danger noti	ices have been po	sted.							
PROVE APPARATUS DEAD:											
	State what tests ha	we been made	where and with	what instrume	nts						
EARTHING:											
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be removed	d.					
OTHER PRECAUTIONS:											
OTHER PRECAUTIONS:											
Specify if required for special circumstances. EMERGENCY CONTACT (Person not involved in the work)											
	EME	RGENCY	CONTAC	T (Perso)	n not involve	d in th	e work)				
News		Desiti					Cart	[
Name:		Positi	on:				Conta				
					D ACCEPTA						
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken a	and made kn	own to the	e Permit Accept	tor in ch	arge of the	work. I	consider that 1	the app	aratus
]						
Permit Issuer:	Si	gnature:				Vali	d From:	Time:		Date:	
							arronn.	Time.		Date.	
l acknowledge receipt of this permit Neither I or the workers under my co						Vali	d To:	Time:		Date:	
will re-sign this permit once the work				y durigero	as apparatus. I					Bater	
		1									
Permit Acceptor:			Signature:								
		HANDE	BACK, REC	EIPT AN	ID CANCELL		N				
I confirm that the activity has been co	ompleted, cheo	cked by my	/self and the	area left se	ecure and in a sa	afe and	tidy condit	ion.			
											1
Permit Acceptor:			Signat	ture:				Time:		Date:	
SEC	<u>JRITY</u>					ESTA	TES & CA	PITA	L DEVELOP	MEN	[
I acknowledge receipt of this permit	having been in	formed th	at the persor	ו	I am satisfied	that th	e activity h	as been	completed in	accorda	ance with this
in charge has left the area secure and	l in a safe and t	tidy condit	ion.		permit and th	he area	eft secure	and in a	safe and tidy of	conditio	on.
				1							
Tim	e:	Date:]				Time:		Date:	

HIGH VOLTAGE PERMIT

0022 REF:

Aston	University	
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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NP: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where appar	te where apparatus has been earthed and, for testing, which earths may be removed.										
OTHER PRECAUTIONS:	OTHER PRECAUTIONS:											
	Specify if required	for special circu	ımstances.									
EMERGENCY CONTACT (Person not involved in the work)												
												1
Name:		Positio	on:					Conta	act:			
		AUT	HORISAT		Ο ΑССЕРТА	NC	F					
	AUTHORISATION AND ACCEPTANCE I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus											
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0023 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	te where apparatus has been earthed and, for testing, which earths may be removed.										
OTHER PREC	OTHER PRECAUTIONS:												
		Specify if require	ed for special circu	imstances.									J
EMERGENCY CONTACT (Person not involved in the work)													
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
AUTHORISATION AND ACCEPTANCE I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus													
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0024 REF:

Aston University

Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		1		NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLATION:															
L		State isolation p	point(s,), whether c	or not iso	olator(s) ha	s (have) been	padlocked off, fuse	es wit	hdrawn.						
	WARNING NOTICES:															
r		State where Cau	ution/[Danger noti	ices have	e been post	ed.									
	PROVE APPARATUS DEAD:															
		State what tests	have	been made,	, where a	and with w	hat instrume	nts.								
	EARTHING:															
		State where app	paratu	s has been e	earthed	and, for tes	ting, which e	arths may be remo	ved.							
	OTHER PRECAUTIONS:															
L	Specify if required for special circumstances.															
		EN	IER	GENC	(CO	NTAC	(Perso	n not involv	red	in the v	vork)					
N	ame:			Positi	on:						Conta	act:				
				AUT	ГНО	RISATI	ON AN	DACCEPT		CF						
	AUTHORISATION AND ACCEPTANCE I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus															
	ereby declare that the above preca ecified above is safe to work on.	utions have	beer	n taken a	and m	hade kho	own to the	e Permit Acce	otor	'in charg	ge of the	WORK. I	consider that	the app	baratus	
Do	ermit Issuer:		C:									1		1	r	
			Jigh	ature:						Valid	From:	Time:		Date:		
la	cknowledge receipt of this permit a	nd understa	and t	he safet	y prec	cautions	describe	d above.						1		
Ne	ither I or the workers under my cor Il re-sign this permit once the work	ntrol will wo	rk on						I	Valid	To:	Time:		Date:		
Pe	ermit Acceptor:				Sign	ature:										
			Ŀ	HANDE	BACK	K, REC	EIPT AN	ID CANCEL	.LA	TION						
l co	onfirm that the activity has been co	mpleted, ch	ecke	ed by my	/self a	nd the a	irea left se	ecure and in a	safe	e and tid	y condit	ion.				
Pe	ermit Acceptor:					Signatu	ure:					Time:		Date:		
	<u>SECU</u>	<u>JRITY</u>							E	STATE	S & CA	PITA	L DEVELOF	MEN	<u> </u>	
	cknowledge receipt of this permit h charge has left the area secure and					person							completed in safe and tidy			nis
	Time	2:		Date:								Time:		Date:		

HIGH VOLTAGE PERMIT

0025 REF:

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Aston	University	

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poin	t(s), whether or n	ot isolator(s) has	(have) been	oadlocked off, fuses	s witha	drawn.					
WARNING NOTICES:												
	State where Caution	n/Danger notices	have been poste	ed.								
PROVE APPARATUS DEAD:												
	State what tests ha	ve been made, wł	here and with wh	at instrumen	ts.							
EARTHING:												
	State where appara	atus has been eart	thed and, for test	ing, which ea	rths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required for											
	EME	RGENCY	CONTACT	_(Persor	not involve	ed ir	n the w	ork)				
	1											1
Name:		Position	ו:					Conta	act:			
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above preca specified above is safe to work on.	utions have be	en taken and	d made knov	wn to the	Permit Accep	otor i	n charge	e of the	work. I	consider that	the app	aratus
						г					1	
Permit Issuer:		gnature:				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co	ntrol will work o						Valid T	o:	Time:		Date:	
will re-sign this permit once the work	is completed.											
Permit Acceptor:		Si	ignature:									
		HANDBA	CK , RECE	IPT AN	D CANCEL	LAT	<u>FION</u>					
I confirm that the activity has been co	ompleted, chec	ked by myse	elf and the ar	rea left se	cure and in a s	safe a	and tidy	conditi	ion.			
Permit Acceptor:			Signatu	re:					Time:		Date:	
SECU	<u>JRITY</u>					ES	TATES	5 & CA	PITAL	L DEVELOP	MEN	[
I acknowledge receipt of this permit I in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0026 REF:

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Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	te what tests have been made, where and with what instruments.										
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
AUTHORISATION AND ACCEPTANCE													
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus													
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
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l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	S & CA	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0027 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLATION:														
L		State isolation p	oint(s)	, whether o	r not iso	lator(s) has	s (have) been j	oadlocked off, fuse	s witi	hdrawn.					
	WARNING NOTICES:														
ſ		State where Cau	ition/D	Danger notio	ces have	been poste	ed.								
	PROVE APPARATUS DEAD:														
ſ		State what tests	have b	been made,	where a	nd with wl	hat instrumen	ts.							
	EARTHING:														
r		State where app	oaratus	s has been e	arthed a	and, for tes	ting, which ea	rths may be remov	ved.						
	OTHER PRECAUTIONS:														
L		Specify if require	ed for s	pecial circu	mstance	25.									
		EM	ERC	GENCY		NTACI	[(Persor	not involv	ed	in the w	vork)				
			111												
N	ame:			Positio	on:						Conta	ict:			
	AUTHORISATION AND ACCEPTANCE														
	ereby declare that the above preca ecified above is safe to work on.	utions have	beer	n taken a	ind ma	ade kno	wn to the	Permit Accer	otor	in charg	e of the	work. I	consider that	the app	oaratus
Pe	ermit Issuer:	:	Signa	ature:						Valid F	From	Time:] Date:	
									_			Time.			
Ne	cknowledge receipt of this permit a either I or the workers under my cor Il re-sign this permit once the work	ntrol will wor	rk on						ı	Valid 1	Го:	Time:] Date:	
VVI	The sign this permit once the work	is complete	u.									·		1	
Pe	ermit Acceptor:				Signa	ature:	[
			H	IANDE	BACK	, RECI	EIPT AN	D CANCEL	.LA	TION					
l co	onfirm that the activity has been co	ompleted, ch	ecke	d by my	self ar	nd the a	rea left se	cure and in a	safe	and tidy	y conditi	ion.			
Pe	ermit Acceptor:					Signatu	ıre:					Time:] Date:	
	SECU	<u>JRITY</u>							E	STATE	S & CA	PITA	L DEVELOP	PMEN.	<u> </u>
	cknowledge receipt of this permit h charge has left the area secure and	5				person							completed in safe and tidy		ance with this on.
	Time	e:		Date:								Time:		Date:	

HIGH VOLTAGE PERMIT

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the	
			significant findings of assessments and identify those especially at risk. Risk	
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of	
			works commencing.	

ISOLATION: WARNING NOTICES: PROVE APPARATUS DE/ EARTHING:																					
L				Sta	te isolatior	n point(s), whether	r or not i	solator(s) ho	as (have) bee	n padlock	ed off, fuse	s with	ndrawn.							
,	WARN	IING NOTIO	CES:																		
				Sta	te where C	aution/	Danger no	otices ha	ve been pos	ted.											
	PROVI	E APPARAT	US DEAI	D:																	
-				Sta	te what tes	sts have	e been maa	le, where	e and with w	vhat instrum	ents.										
	EARTH	HING:																			
-				Sta	te where a	pparatı	us has beer	n earthe	d and, for te	sting, which	earths ma	ıy be remov	red.								
	OTHEI	R PRECAUT	TONS:																		
L					cify if requ	ired for	special cire	cumstar	ices.												
					E	MER	GENC	Y CC	ONTAC	T _(Persc	on not	involv	ed I	in the v	vork)						
Name:							Posit	ion:							Conta	act:					
							AU	THO	RISAT	ION AN	ID AC	CEPTA		CE							
		eclare that the bove is safe t	•		ons hav	e bee	n taken	and r	nade kno	own to th	ie Perm	nit Accep	otor	in char	ge of the	work. I	consider that	t the app	oaratus		
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Pei	mit Issu	uer:				Sigr	nature:							Valid	From:	Time:		Date:			
Nei	ther I o	dge receipt o r the workers n this permit o	under my	contro	ol will w	ork o							I	Valid	To:	Time:		Date:			
vviii	Te sign	r this permit t	nee the w		ompier	.cu.										·					
Pei	mit Aco	ceptor:] Sigi	nature:												
						ļ	HAND	BAC	K, REC	EIPT A	ND C	ANCEL	LA	TION		• •					
l co	nfirm tl	hat the activit	ty has beer	n comp	oleted, c	heck	ed by m	nyself	and the a	area left s	ecure a	and in a s	safe	and tic	ly condit	ion.					
Pei	mit Aco	ceptor:							Signat	ure:						Time:		Date:			
			TY								E	STATE	ES & CA	PITA	L DEVELO	PMEN	Γ				
		dge receipt o nas left the ar							e person								completed ir safe and tidy			h this	
			т	ime:			Date:			1						Time:		Date:			

HIGH VOLTAGE PERMIT

0029 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
State where apparatus has been earthed and, for testing, which earths may be removed.												
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
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Name:		Position: Contact:										
		AUT	HORISAT		D ACCEPTA	NC	F					
	·· 1 1							6.4			.1	
I hereby declare that the above precat specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.		Valid From: Time:					Date:			
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:	Permit Acceptor: Signature: Date: Date:											
<u>SECU</u>		ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ				
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0030 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:														
	State isolation poin	nt(s) whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdrawn								
		inds), whether e	,, 10(150)(10)(3) 11	us (nuve) been	pudioched on, ruses	minarann]			
WARNING NOTICES:														
	State where Cautio	on/Danger noti	ices have been po	sted.										
PROVE APPARATUS DEAD:														
	State what tests ha	ive been made	where and with	what instrume	nts									
EARTHING:														
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be removed	d.								
OTHER PRECAUTIONS:														
OTHER PRECAUTIONS:														
	Specify if required													
	EME	RGENCY	CONTAC	T (Perso)	n not involve	d in th	e work)							
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Name:		Positi	on:				Conta	Contact:						
		AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken a	and made kn	own to the	e Permit Accept	tor in ch	arge of the	work. I	consider that 1	the app	aratus			
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Permit Issuer:	Si	gnature:				Vali	d From:	Time:		Date:				
							arronn.	Time.		Date.				
l acknowledge receipt of this permit Neither I or the workers under my co						Vali	d To:	Time:		Date:				
will re-sign this permit once the work				y durigero	as apparatus. I					Bater				
		1												
Permit Acceptor:			Signature:											
		HANDE	BACK, REC	EIPT AN	ID CANCELL		N							
I confirm that the activity has been co	ompleted, cheo	cked by my	/self and the	area left se	ecure and in a sa	afe and	tidy condit	ion.						
											1			
Permit Acceptor:			Signat	ture:				Time:		Date:				
SEC	SECURITY ESTATES & CAPITAL DEVELOPMENT													
I acknowledge receipt of this permit	having been in	formed th	at the persor	ו	I am satisfied	that th	e activity h	as been	completed in	accorda	ance with this			
in charge has left the area secure and	l in a safe and t	tidy condit	ion.		permit and th	he area	eft secure	and in a	safe and tidy of	conditio	on.			
				1										
Tim	e:	Date:]				Time:		Date:				

HIGH VOLTAGE PERMIT

0031 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:															
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.							
WARNING NO	OTICES:														
		State where Cau	ition/Danger noti	ces have been pos	ted.										
PROVE APPA	RATUS DEAD:														
		State what tests	have been made,	where and with w	vhat instrume	nts.									
EARTHING:															
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.								
OTHER PREC	AUTIONS:														
		Specify if require	ed for special circu	imstances.									J		
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)						
			1												
Name:			Positio	on:					Conta	act:					
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE							
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus		
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app			
Permit Issuer:			Signature:					Valid F	rom						
								valiu r	10111.	Time:		Date:			
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:			
will re-sign this per	mit once the work	is complete	d.												
Permit Acceptor:				Signature:			_								
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION							
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.					
Permit Acceptor:				Signat	ure:					Time:		Date:			
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ		
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.		
	Time	e:	Date:		1					Time:		Date:			

HIGH VOLTAGE PERMIT

0032 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poin	t(s), whether or n	ot isolator(s) has	(have) been	oadlocked off, fuses	s witha	drawn.					
WARNING NOTICES:												
	State where Caution	n/Danger notices	have been poste	ed.								
PROVE APPARATUS DEAD:												
	State what tests ha	ve been made, wł	here and with wh	at instrumen	ts.							
EARTHING:												
	State where appara	atus has been eart	thed and, for test	ing, which ea	rths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required for											
	EME	RGENCY	CONTACT	_(Persor	not involve	ed ir	n the w	ork)				
	1											1
Name:		Position	ו:					Conta	act:			
		ΔΙΙΤΗ			О АССЕРТА	NC	F					
I hereby declare that the above preca specified above is safe to work on.	utions have be	en taken and	d made knov	wn to the	Permit Accep	otor i	n charge	e of the	work. I	consider that	the app	aratus
						г					1	
Permit Issuer:		gnature:				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co	ntrol will work o						Valid T	o:	Time:		Date:	
will re-sign this permit once the work	is completed.											
Permit Acceptor:		Si	ignature:									
		HANDBA	CK , RECE	IPT AN	D CANCEL	LAT	<u>FION</u>					
I confirm that the activity has been co	ompleted, chec	ked by myse	elf and the ar	rea left se	cure and in a s	safe a	and tidy	conditi	ion.			
Permit Acceptor:			Signatu	re:					Time:		Date:	
SECU	<u>JRITY</u>					ES	TATES	5 & CA	PITAL	L DEVELOP	MEN	[
I acknowledge receipt of this permit I in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0033 REF:

Aston University

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Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		I		NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:	EARTHING:												
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
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l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0034 REF:

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Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:											
	State isolation poin	nt(s) whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdrawn					
		inds), whether e	,, 10(150)(10)(3) 11	us (nuve) been	pudioched on, ruses	minarann]
WARNING NOTICES:											
	State where Cautio	on/Danger noti	ices have been po	sted.							
PROVE APPARATUS DEAD:											
	State what tests ha	ive been made	where and with	what instrume	nts						
EARTHING:											
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be removed	d.					
OTHER PRECAUTIONS:											
OTHER PRECAUTIONS:											
	Specify if required										
	EME	RGENCY	CONTAC	T (Perso)	n not involve	d in th	e work)				
News		Desiti					Cart	[
Name:		Positi	on:				Conta				
					D ACCEPTA						
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken a	and made kn	own to the	e Permit Accept	tor in ch	arge of the	work. I	consider that 1	the app	aratus
]						
Permit Issuer:	Si	gnature:				Vali	d From:	Time:		Date:	
							arronn.	Time.		Date.	
l acknowledge receipt of this permit Neither I or the workers under my co						Vali	d To:	Time:		Date:	
will re-sign this permit once the work				y durigero	as apparatus. I					Bater	
		1									
Permit Acceptor:			Signature:								
		HANDE	BACK, REC	EIPT AN	ID CANCELL		N				
I confirm that the activity has been co	ompleted, cheo	cked by my	/self and the	area left se	ecure and in a sa	afe and	tidy condit	ion.			
											1
Permit Acceptor:			Signat	ture:				Time:		Date:	
SEC	<u>JRITY</u>					ESTA	TES & CA	PITA	L DEVELOP	MEN	[
I acknowledge receipt of this permit	having been in	formed th	at the persor	ו	I am satisfied	that th	e activity h	as been	completed in	accorda	ance with this
in charge has left the area secure and	n charge has left the area secure and in a safe and tidy condition. permit and the area left secure and in a safe and tidy condition.						on.				
				1							
Tim	e:	Date:]				Time:		Date:	

HIGH VOLTAGE PERMIT

0035

REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:														
	State isolation point(s), whether or not isolator(s) has (have) been padlocked off, fuses withdrawn.													
WARNING NOTICES:														
	State where Cautio	on/Danger noti	ices have been pos	ited.										
PROVE APPARATUS DEAD:														
State what tests have been made, where and with what instruments.														
EARTHING:														
	State where apparatus has been earthed and, for testing, which earths may be removed.													
OTHER PRECAUTIONS:														
	Specify if required	for special circu	ımstances.											
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)						
	1											1		
Name:		Positio	Position:			Conta				act:				
		AUT	HORISAT		D ACCEPTA	NC	F							
	·· 1 1							6.4			.1			
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus specified above is safe to work on.														
Permit Issuer:		gnature:				Г			r –					
		gnature.				ľ	Valid F	rom:	Time:		Date:			
I acknowledge receipt of this permit and understand the safety precautions described above.														
Neither I or the workers under my control will work on any other electrically dangerous apparatus. I Walid To: Time: Date: Date:														
]												
Permit Acceptor:			Signature:											
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>							
I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.														
Permit Acceptor:			Signat	ure:					Time:		Date:			
SECURITY ESTATES & CAPITAL DEVELOPMENT														
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.														
Time	:	Date:		Ī					Time:		Date:			

HIGH VOLTAGE PERMIT

0036 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

[
ISOLATION:													
	- State isolation point(s), whether or not isolator(s) has (have) been padlocked off, fuses withdrawn.												
WARNING NOTICES:													
State where Caution/Danger notices have been posted.													
PROVE APPARATUS DEAD:													
	State what tests ha	State what tests have been made, where and with what instruments.											
EARTHING:													
	State where appara	ntus has been ee	arthed and, for tes	sting, which e	arths may be remov	red.							
OTHER PRECAUTIONS:													
	Specify if required for	Specify if required for special circumstances.											
EMERGENCY CONTACT (Person not involved in the work)													
	1												
Name:		Position:				Cont			act:				
		AUT	HORISATI	ON AN	D ACCEPTA	ANG	CE						
I haraby daclara that the above proce	utions have he							o of the	work L	consider that	the app	aratus	
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus specified above is safe to work on.													
Permit Issuer:	Sic	gnature:									1		
							Valid F	rom:	Time:		Date:		
l acknowledge receipt of this permit a			•]	Valida	[a:					
Neither I or the workers under my control will work on any other electrically dangerous apparatus. I will re-sign this permit once the work is completed.													
		1											
Permit Acceptor:													
		HANDB	ACK, REC	EIPT AN	ID CANCEL	LA	TION						
I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.													
Permit Acceptor:			Signatu	ure:					Time:		Date:		
SECURITY ESTATES & CAPITAL DEVELOPMENT													
acknowledge receipt of this permit having been informed that the person n charge has left the area secure and in a safe and tidy condition.													
Tim	e:	Date:							Time:		Date:		

HIGH VOLTAGE PERMIT

0037 REF:

Aston	University	
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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
	-		works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	te what tests have been made, where and with what instruments.										
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	on:					Conta	act:			
		AUT	HORISAT		Ο ΑССЕРТА	NC	F					
	AUTHORISATION AND ACCEPTANCE I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus											
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0038 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
	AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus													
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0039 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
-			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ha	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
	AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus													
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0040 REF:

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Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the	
			significant findings of assessments and identify those especially at risk. Risk	
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of	
			works commencing.	

ISOLATION:												
	State isolation poin	nt(s), whether o	or not isolator(s) h	as (have) been j	oadlocked off, fuses	with	drawn.					
WARNING NOTICES:	State where Cautic	on/Danger pot	icat have been not	tad								
PROVE APPARATUS DEAD:		on Dunger nou										
EARTHING:	State what tests he	ave been made	, where and with v	vhat instrumen	ts.							
	State where appar	ratus has been i	earthed and for te	stina which ea	rths may be remove	ed						
OTHER PRECAUTIONS:				<u></u>								
	Specify if required	-										
	EME	RGENCY	<u> CONTAC</u>	<u>T</u> (Persor	not involve	ed ii	n the wo	ork)				
Name:		Positi	on:					Conta	ct:			
	AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	and made kn	own to the	Permit Accep	tor i	in charge	of the	work. I d	consider that	the app	aratus
Permit Issuer:	Si	gnature:				,	Valid Fi	rom:	Time:		Date:	
l acknowledge receipt of this permit a Neither I or the workers under my con will re-sign this permit once the work	ntrol will work	on any oth					Valid To	o:	Time:		Date:	
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	D CANCEL	LA	TION		·			
I confirm that the activity has been co	ompleted, cheo	cked by my	yself and the	area left se	cure and in a s	afe	and tidy	conditi	on.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
SECU	<u>JRITY</u>					ES	STATES	& CA	PITAL	DEVELOP	MENT	1
l acknowledge receipt of this permit l in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0041 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) he	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	on:					Conta	act:			
		AUT	HORISAT		D ACCEPTA	NC	F					
	·· 1 1							6.4			.1	
I hereby declare that the above precat specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0042 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ha	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	State where apparatus has been earthed and, for testing, which earths may be removed.										
OTHER PREC	OTHER PRECAUTIONS:												
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0043 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:											
	State isolation poin	nt(s), whether o	r not isolator(s) ha	s (have) been po	adlocked off, fuses wi	ithdrawn.					
WARNING NOTICES:											
	State where Cautio	on/Danger notic	es have been post	ed.							
PROVE APPARATUS DEAD:											
	State what tests ho	ave been made,	where and with w	hat instruments	i.						
EARTHING:											
	State where appar	ratus has been e	arthed and, for tes	ting, which ear	ths may be removed.						
OTHER PRECAUTIONS:											
	Specify if required	for special circu	mstances.								
	EME	RGENCY	CONTAC	(Person	not involved	in the v	vork)				
	1										
Name:		Positio	on:				Conta	act:			
AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	nd made kno	own to the f	Permit Accepto	r in charg	je of the	work. I	consider that t	the app	aratus
Permit Issuer:		anatura: [[
		gnature:				Valid I	From:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my con will re-sign this permit once the work	ntrol will work	on any oth	•			Valid ⁻	То:	Time:		Date:	
	is completed.							1		•	
Permit Acceptor:			Signature:								
		HANDB	ACK, REC	EIPT AND	CANCELL	ATION					
I confirm that the activity has been co	ompleted, cheo	cked by my	self and the a	irea left sec	ure and in a saf	e and tid	y condit	ion.			
Permit Acceptor:			Signatu	ure:				Time:		Date:	
<u>SECL</u>	JRITY				Ē	ESTATE	S & CA	PITAL	DEVELOP	MENT	[
l acknowledge receipt of this permit l in charge has left the area secure and					I am satisfied t permit and the				•		
			1						[]	1]
Time	e:	Date:						Time:		Date:	

HIGH VOLTAGE PERMIT

0044 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	nt been undertaken for this task? 🔿 YES				
			——I five or more employees record the significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:												
	State isolation poi	int(s), whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdr	rawn.					
WARNING NOTICES:												
	State where Cauti	on/Danger noti	ices have been pos	sted.								
PROVE APPARATUS DEAD:												
	State what tests h	ave been made,	, where and with v	vhat instrumer	ts.							
EARTHING:												
	State where appar	ratus has been e	earthed and, for te	sting, which ea	irths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	(CONTAC	T (Persor	n not involve	ed in	the work	k)				
	1											
Name:		Positi	on:	:			Contact:					
					О АССЕРТА	NC	2					
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	and made kn	own to the	Permit Accept	tor in	n charge of	the wo	ork. I	consider that t	the app	aratus
Permit Issuer:						Г					1	
		gnature:					Valid From:				Date:	
						, L						
I acknowledge receipt of this permit a Neither I or the workers under my cor will re-sign this permit once the work	ntrol will work	on any oth				V	/alid To:	Ті	ime:		Date:	
will re-sign this permit once the work	is completed.	•									1	
Permit Acceptor:			Signature:	[
		HANDE	BACK, REC	EIPT AN	D CANCELI	LAT	ION					
I confirm that the activity has been co	ompleted, che	cked by my	/self and the	area left se	cure and in a s	safe a	and tidy co	ndition	۱.			
Permit Acceptor:			Signat	ure:] ті	ime:		Date:	
<u>SECL</u>	<u>JRITY</u>					EST	TATES &	CAP	ITAL	DEVELOP	MEN	[
l acknowledge receipt of this permit h in charge has left the area secure and	5		•	1						completed in safe and tidy		ance with this on.
Time	e:	Date:		Ī				Ті	ime:		Date:	

HIGH VOLTAGE PERMIT

0045

REF:

Aston University

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Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
[I		NB: The Management of Health and ISafety at Work Regulations 1999 (as

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:														
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.						
WARNING NO	OTICES:													
		State where Cau	ition/Danger noti	ces have been pos	ted.									
PROVE APPA	RATUS DEAD:													
		State what tests	have been made,	where and with w	vhat instrume	nts.								
EARTHING:														
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.							
OTHER PREC	AUTIONS:													
		Specify if require	ed for special circu	imstances.									J	
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)					
			1											
Name:			Positio	on:	: Cor					act:				
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE						
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus	
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app		
Permit Issuer:			Signature:					Valid F	rom					
								valiu r	TOITI.	Time:		Date:		
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:		
will re-sign this per	mit once the work	is complete	d.											
Permit Acceptor:				Signature:			_							
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION						
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.				
Permit Acceptor:				Signat	ure:					Time:		Date:		
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	S & CA	PITAL	DEVELOP	MEN	Γ	
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.	
	Time	e:	Date:		1					Time:		Date:		

HIGH VOLTAGE PERMIT

0046 REF:

Aston University

Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		1		NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the				
			significant findings of assessments and identify those especially at risk. Risk				
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of				
			works commencing.				

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) he	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	วท:			Contact:						
		AUT	HORISAT		D ACCEPTA	NC	F					
	·· 1 1							6.4			.1	
I hereby declare that the above precat specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0047 REF:

Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the	
			significant findings of assessments and identify those especially at risk. Risk	
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of	
			works commencing.	

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) he	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	วท:			Contact:						
		AUT	HORISAT		D ACCEPTA	NC	F					
	·· 1 1							6.4			.1	
I hereby declare that the above precat specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0048 REF:

Aston	Unive	rsity
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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task	O YES</th <th>⊖ NO</th> <th>Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the</th>	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the	
			significant findings of assessments and identify those especially at risk. Risk	
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of	
			works commencing.	

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) he	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where apparatus has been earthed and, for testing, which earths may be removed.											
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	on:					Conta	act:			
		AUT	HORISAT		Ο ΑССЕРТА	NC	F					
AUTHORISATION AND ACCEPTANCE hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus												
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

REF: 0049

Mobile Number:

Aston Univers	ity		
Contractor:		Permit Acceptor:	

Location:	Designation of Circuit:	Area(s) Affected:
Job Details:		
		NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task	? O YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the	
			significant findings of assessments and identify those especially at risk. Risk	
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of	
			works commencing.	

ISOLATION:												
	State isolation poin	nt(s), whether o	or not isolator(s) h	as (have) been j	oadlocked off, fuses	with	drawn.					
WARNING NOTICES:	State where Cautic	on/Danger pot	icat have been not	tad								
PROVE APPARATUS DEAD:		on Dunger nou										
EARTHING:	State what tests he	ave been made	, where and with v	vhat instrumen	ts.							
	State where appar	ratus has been i	earthed and for te	stina which ea	rths may be remove	ed						
OTHER PRECAUTIONS:				<u></u>								
	Specify if required	-										
	EME	RGENCY	<u> CONTAC</u>	<u>T</u> (Persor	not involve	ed ii	n the wo	ork)				
Name:		Positi	on:					Conta	ct:			
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	and made kn	own to the	Permit Accep	tor i	in charge	of the	work. I d	consider that	the app	aratus
Permit Issuer:	Si	gnature:				,	Valid Fi	rom:	Time:		Date:	
l acknowledge receipt of this permit a Neither I or the workers under my con will re-sign this permit once the work	ntrol will work	on any oth					Valid To	o:	Time:		Date:	
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	D CANCEL	LA	TION		·			
I confirm that the activity has been co	ompleted, cheo	cked by my	yself and the	area left se	cure and in a s	afe	and tidy	conditi	on.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
SECU	<u>JRITY</u>					ES	STATES	& CA	PITAL	DEVELOP	MENT	1
l acknowledge receipt of this permit l in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0050 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and Safety at Work Regulations 1999 (as

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poin	t(s), whether or	not isolator(s) ha	s (have) been	padlocked off, fuses	s with	drawn.					
WARNING NOTICES:												
	State where Caution	n/Danger notice	es have been post	ed.								
PROVE APPARATUS DEAD:												
	State what tests ha	ve been made, v	where and with wi	hat instrumen	ts.							
EARTHING:												
	State where apparatus has been earthed and, for testing, which earths may be removed.											
OTHER PRECAUTIONS:												
	Specify if required for	or special circur	nstances.									
	EME	RGENCY	CONTACT	[(Persor	not involve	ed i	in the w	ork)				
												1
Name:		Positio	on:					Conta	ict:			
	AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	utions have be	en taken a	nd made kno	wn to the	Permit Accep	otor	in charge	e of the	work. I	consider that	the app	aratus
Permit Issuer:						1	[-			
		gnature:				_	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co will re-sign this permit once the work	ntrol will work o		•			I	Valid T	o:	Time:		Date:	
will re-sign this permit once the work	is completed.											
Permit Acceptor:			Signature:									
		HANDB	ACK, RECI	EIPT AN	D CANCEL	LA	TION					
I confirm that the activity has been co	ompleted, chec	ked by mys	self and the a	rea left se	cure and in a	safe	and tidy	conditi	ion.			
Permit Acceptor:			Signatu	ıre:					Time:		Date:	
<u>SEC</u>	<u>JRITY</u>		1 1			<u>E</u>	STATES	5 & CA	PITAL	L DEVELOP	MEN	[
I acknowledge receipt of this permit I in charge has left the area secure and	5		•							completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

Aston University

REF: 0051

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poir	nt(s), whether or	not isolator(s) has	s (have) been p	adlocked off, fuses w	vithdrawn.						
WARNING NOTICES:												
	State where Cautio	n/Danger notice	es have been poste	ed.								
PROVE APPARATUS DEAD:												
	State what tests ha	ate what tests have been made, where and with what instruments.										
EARTHING:												
	State where appare	atus has been ea	arthed and, for tes	ting, which ear	ths may be removed	!						
OTHER PRECAUTIONS:												
	Specify if required t	,										
	<u>EME</u>	RGENCY	CONTACT	<u>(Person</u>	not involved	d in the v	vork)					
Name:		Positio	on:				Conta	act:				
						-	L				-	
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken ar	nd made kno	wn to the	Permit Accepto	or in charg	ge of the	work. I	consider that	the appai	ratus	
Permit Issuer:	Sid	gnature:							(1	
						Valid	From:	Time:		Date:		
I acknowledge receipt of this permit a Neither I or the workers under my con will re-sign this permit once the work	ntrol will work					Valid ⁻	То:	Time:		Date:		
						-		·		-		
Permit Acceptor:			Signature:									
		HANDB	ACK, RECI	EIPT AN	D CANCELL	ATION						
I confirm that the activity has been co	ompleted, cheo	ked by mys	self and the a	rea left seo	cure and in a sa	fe and tid	y condit	ion.				
Permit Acceptor:			Signatu	ıre:				Time:		Date:		
<u>SECU</u>	<u>JRITY</u>				-	ESTATE	S & CA	PITAI	DEVELO	MENT		
l acknowledge receipt of this permit l in charge has left the area secure and					I am satisfied t permit and th							
1							1					
Tim	e:	Date:						Time:		Date:		

HIGH VOLTAGE PERMIT

0052 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NP: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?		<u>∩</u> NO	amended) require that organisations with five or more employees record the significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of works commencing.		

ISOLATION:										
	State isolation poir	nt(s), whether or	r not isolator(s) ha	ıs (have) been	padlocked off, fuses w	vithdrawn.				
WARNING NOTICES:	State where Cautio	n/Danger potic	ces have been nos	ted						
		n/Dungernouc	es nuve been posi	eu.						
PROVE APPARATUS DEAD:										
	State what tests ha	ve been made,	where and with w	hat instrumer	ts.					
EARTHING:										
	State where appare	atus has been e	arthed and, for te	sting, which ea	orths may be removed					
OTHER PRECAUTIONS:										
	Specify if required f									
	EME	RGENCY	CONTAC	T (Persor	n not involved	d in the v	vork)			
Name:		Positic	on:				Conta	act:		
AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken a	nd made kno	own to the	Permit Accepto	or in charg	je of the	work. I	consider that	the apparatus
		Γ								
Permit Issuer:	Sig	gnature:				Valid I	From:	Time:		Date:
l acknowledge receipt of this permit			•			Valial	τ			
Neither I or the workers under my co will re-sign this permit once the work		on any oth	er electrically	/ dangerou	ıs apparatus. I	Valid	10:	Time:		Date:
Permit Acceptor:			Signature:							
		HANDB	ACK, REC	EIPT AN	D CANCELL	ATION				
I confirm that the activity has been co	ompleted, chec	ked by my	self and the a	area left se	cure and in a sa	fe and tid	y conditi	ion.		
Permit Acceptor:			Signati	ure:				Time:		Date:
SECU	JRITY					ESTATE	S & CA	PITAL	L DEVELOF	<u>PMENT</u>
l acknowledge receipt of this permit in charge has left the area secure and			•		I am satisfied to permit and the				•	accordance with this condition.
Tim	e:	Date:						Time:		Date:

HIGH VOLTAGE PERMIT

0053 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
·			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the			
			significant findings of assessments and identify those especially at risk. Risk			
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of			
			works commencing.			

	ISOLA	TION:																		
L				Sta	te isolatior	n point(s), whether	r or not i	solator(s) ho	as (have) bee	n padlock	ed off, fuse	s with	ndrawn.						
,	WARN	IING NOTIO	CES:																	
				Sta	te where C	aution/	Danger no	otices ha	ve been pos	ted.										
PROVE APPARATUS DEAD:																				
-				Sta	te what tes	sts have	e been maa	le, where	e and with w	vhat instrum	ents.									
EARTHING:																				
-				Sta	te where a	pparatı	us has beer	n earthe	d and, for te	sting, which	earths ma	ıy be remov	red.							
OTHER PRECAUTIONS:																				
L				Spe	cify if requ	ired for	special cire	cumstar	ices.											
					E	MER	GENC	Y CC	ONTAC	T _(Persc	on not	involv	ed I	in the v	vork)					
Na	me:						Posit	ion:							Conta	act:				
	AUTHORISATION AND ACCEPTANCE																			
		eclare that the bove is safe t	•		ons hav	e bee	n taken	and r	nade kno	own to th	ie Perm	nit Accep	otor	in char	ge of the	work. I	consider that	t the app	oaratus	
																1		_1		
Pei	mit Issu	uer:				Sigr	nature:							Valid	From:	Time:		Date:		
Nei	ther I o	dge receipt o r the workers n this permit o	under my	contro	ol will w	ork o							I	Valid	To:	Time:		Date:		
vviii	Te sign	r this permit t	fice the w		ompier	.cu.										·				
Pei	mit Aco	ceptor:] Sigi	nature:											
						ļ	HAND	BAC	K, REC	EIPT A	ND C	ANCEL	LA	TION		• •				
l co	nfirm tl	hat the activit	ty has beer	n comp	oleted, c	heck	ed by m	nyself	and the a	area left s	ecure a	and in a s	safe	and tic	ly condit	ion.				
Pei	mit Aco	ceptor:							Signat	ure:						Time:		Date:		
			SE	CURI	TY								E	STATE	ES & CA	PITA	L DEVELO	PMEN ⁻	Γ	
		dge receipt o nas left the ar							e person								completed ir safe and tidy			h this
			Т	ime:			Date:			1						Time:		Date:		

HIGH VOLTAGE PERMIT

0054 REF:

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Aston	University	

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			P: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task	? 🔿 YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PREC	AUTIONS:												
		Specify if require	ed for special circu	imstances.									J
Specify if required for special circumstances. EMERGENCY CONTACT (Person not involved in the work)													
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0055 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLA	TION:																	
L				Sta	te isolatio	on point	(s), whether	or not is	olator(s) ha	ıs (have) been	padlocked off, fus	es wit	hdrawn.						
	WARN	IING NO	FICES:																
Г				Sto	te where	Caution	/Danger no	tices hav	re been posi	ted.									
	PROVE	E APPAR	ATUS DEAI	D:															
-				Sta	ate what t	ests hav	e been mad	le, where	and with w	/hat instrume	nts.								
	EARTH	IING:																	
-				Sto	te where	apparat	us has been	n earthea	and, for te	sting, which e	arths may be remo	oved.							
	OTHE	R PRECA	UTIONS:																
L				Sp	ecify if req	uired fo	r special circ	cumstan	ces.										
					E	MER	GENC	Y CO	NTAC	T_(Perso	n not involv	/ed	in the v	vork)					
	ſ								r										
Na	ame:						Posit	ion:						Conta	act:				
								TUA			D ACCEPT		(E						
			the above prove the to work on.		ons ha	ve bee	en taken	and m	nade kno	own to the	e Permit Acce	ptor	r in char <u>e</u>	ge of the	work. I	consider that	t the app	oaratus	
Pe	rmit Issu	ier.					nature:										-1		
							lature.						Valid	From:	Time:		Date:		
		5 1	t of this perm										Valid	т	_ .		1		
			ers under my it once the we				n any ot	her ele	ectrically	/ dangero	us apparatus.	. I	valiu	10:	Time:		Date:		
								1											
Pe	rmit Acc	ceptor:						Sign	ature:										
							HAND	BAC	K, REC	EIPT AN	ID CANCE	LLA	TION						
l co	onfirm tł	nat the acti	ivity has beer	n com	pleted,	check	ed by m	iyself a	and the a	area left se	ecure and in a	a safe	e and tid	y condit	ion.				
Pe	rmit Acc	ceptor:							Signati	ure:					Time:		Date:		
			<u>SE</u>	CUR	ITY							E	STATE	S & CA	PITA	L DEVELO	PMEN	T	
			t of this perm area secure a						e person							completed ir safe and tidy			h this
			т	ime:			Date:			1					Time:		Date:		

HIGH VOLTAGE PERMIT

0056 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:	DLATION:										
	State isolation po	int(s), whether or not	isolator(s) has (have) beer	padlocked off, fuses w	vithdrawn.						
WARNING NOTICES:											
	State where Cauti	ion/Danger notices ho	ave been posted.								
PROVE APPARATUS DEAD:											
	State what tests h	ave been made, whei	e and with what instrume	nts.							
EARTHING:											
	State where appa	ratus has been earthe	ed and, for testing, which e	arths may be removed							
OTHER PRECAUTIONS:											
Specify if required for special circumstances.											
EMERGENCY CONTACT (Person not involved in the work)											
Name:		Position:				Conta	act:				
		AUTHO	DRISATION AN	D ACCEPTAN	ICE						
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken and	made known to th	e Permit Accepto	or in cha	rge of the	work. I	consider that	the appa	ratus	
					_		•		i		
Permit Issuer:	Si	ignature:			Valid	From:	Time:		Date:		
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work	on any other e			Valid	To	Time:		Date:		
in ite sign and permit once are non	in completed	will re-sign this permit once the work is completed.									
Permit Acceptor:											
Permit Acceptor:			nature:]	
Permit Acceptor:		Sig	nature: :K, RECEIPT AN]	
Permit Acceptor:	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION						
	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION				Date:		
I confirm that the activity has been co	ompleted, che	Sig	CK, RECEIPT AN and the area left so	ND CANCELL	ATION fe and ti	dy condit	ion. Time:	DEVELOP	Date:		
I confirm that the activity has been co	JRITY having been ii	Sig HANDBAC	K, RECEIPT AN and the area left so Signature:	ND CANCELL	ATION fe and ti ESTAT	dy conditi ES & CA	ion. Time: NPITAL	completed in	Date:		

HIGH VOLTAGE PERMIT

REF: 0057

Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task	x? O YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:											
	State isolation poin	t(s), whether or	r not isolator(s) ha	ıs (have) been p	oadlocked off, fuses w	vithdrawn.					
WARNING NOTICES:	State where Cautior	n/Danaer notic	as have been nost	had							
[State where Causor	n/Dunger noac	es nuve been post	ea.							
PROVE APPARATUS DEAD:											
[State what tests hav	ve been made, v	where and with w	hat instrument	ts.						
EARTHING:											
	State where appara	itus has been ea	arthed and, for tes	sting, which ear	rths may be removed	1.					
OTHER PRECAUTIONS:											
	Specify if required fo	or special circur	mstances.								
	EME	RGENCY	CONTAC	<u>T</u> (Person	not involved	d in the v	vork)				
Name:		Positic	on:				Conta	act:			
					ACCEPTAN						
I hereby declare that the above preca specified above is safe to work on.	autions have be	en taken a	nd made kno	own to the	Permit Accepto	or in char	ge of the	work. I	consider that	the appar	atus
		[1			
Permit Issuer:	Sig	gnature:				Valid	From:	Time:		Date:	
l acknowledge receipt of this permit a Neither I or the workers under my co	ntrol will work o		•			Valid	То:	Time:		Date:	
will re-sign this permit once the work	is completed.										
Permit Acceptor:			Signature:		ı						
		HANDB	ACK, REC	EIPT AN	D CANCELL	ATION					
I confirm that the activity has been co	ompleted, chec	ked by mys	self and the a	area left seo	cure and in a sa	ife and tid	y condit	ion.			
Permit Acceptor:			Signatu	ure:				Time:		Date:	
SECU	<u>URITY</u>			_		ESTATE	S & CA	PITAL	L DEVELOF	MENT	
l acknowledge receipt of this permit l in charge has left the area secure and	5		•		l am satisfied permit and th						
Tim	e:	Date:						Time:		Date:	

HIGH VOLTAGE PERMIT

0058 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLA	TION:																	
L				Sta	te isolatio	on point	(s), whether	or not is	olator(s) ha	ıs (have) been	padlocked off, fus	es wit	hdrawn.						
	WARN	IING NO	FICES:																
Г				Sto	te where	Caution	/Danger no	tices hav	re been posi	ted.									
	PROVE	E APPAR	ATUS DEAI	D:															
-				Sta	ate what t	ests hav	e been mad	le, where	and with w	/hat instrume	nts.								
	EARTH	IING:																	
-	State where apparatus has been earthed and, for testing, which earths may be removed.																		
	OTHE	R PRECA	UTIONS:																
L				Sp	ecify if req	uired fo	r special circ	cumstan	ces.										
					E	MER	GENC	Y CO	NTAC	T_(Perso	n not involv	/ed	in the v	vork)					
	ſ								r										
Na	ame:						Posit	ion:						Conta	act:				
								TUA			D ACCEPT		(E						
			the above prove the to work on.		ons ha	ve bee	en taken	and m	nade kno	own to the	e Permit Acce	ptor	r in char <u>e</u>	ge of the	work. I	consider that	t the app	oaratus	
Pe	rmit Issu	ier.					nature:										-1		
							lature.						Valid	From:	Time:		Date:		
		5 1	t of this perm										Valid	т	_ .		1		
			ers under my it once the we				n any ot	her ele	ectrically	/ dangero	us apparatus.	. I	valiu	10:	Time:		Date:		
								1											
Pe	rmit Acc	ceptor:						Sign	ature:										
							HAND	BAC	K, REC	EIPT AN	ID CANCE	LLA	TION						
l co	onfirm tł	nat the acti	ivity has beer	n com	pleted,	check	ed by m	iyself a	and the a	area left se	ecure and in a	a safe	e and tid	y condit	ion.				
Pe	rmit Acc	ceptor:							Signati	ure:					Time:		Date:		
			<u>SE</u>	CUR	ITY							E	STATE	S & CA	PITA	L DEVELO	PMEN	T	
			t of this perm area secure a						e person							completed ir safe and tidy			h this
			т	ime:			Date:			1					Time:		Date:		

HIGH VOLTAGE PERMIT

0059 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:	ISOLATION:												
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
State where apparatus has been earthed and, for testing, which earths may be removed.													
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
	EMERGENCY CONTACT (Person not involved in the work)												
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECURITY ESTATES & CAPITAL DEVELOPMENT												
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0060 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLATION:														
L		State isolation p	oint(s)	, whether o	r not iso	lator(s) has	s (have) been j	oadlocked off, fuse	s witi	hdrawn.					
	WARNING NOTICES:														
ſ		State where Cau	ition/D	Danger notio	ces have	been poste	ed.								
	PROVE APPARATUS DEAD:														
ſ		State what tests	have b	been made,	where a	nd with wl	hat instrumen	ts.							
	EARTHING:														
r	State where apparatus has been earthed and, for testing, which earths may be removed.														
	OTHER PRECAUTIONS:														
L		Specify if require	ed for s	pecial circu	mstance	25.									
		EM	ERC	GENCY		NTACI	[(Persor	not involv	ed	in the w	vork)				
			111												
N	ame:			Positio	on:						Conta	ict:			
				A I I T				O ACCEPT/		CE					
											<u> </u>			-	
	ereby declare that the above preca ecified above is safe to work on.	utions have	beer	n taken a	ind ma	ade kno	wn to the	Permit Accer	otor	in charg	e of the	work. I	consider that	the app	oaratus
Pe	ermit Issuer:	:	Signa	ature:						Valid F	From	Time:] Date:	
									_			Time.			
Ne	cknowledge receipt of this permit a either I or the workers under my cor Il re-sign this permit once the work	ntrol will wor	rk on						ı	Valid 1	Го:	Time:] Date:	
VVI	The sign this permit once the work	is complete	u.									·		1	
Pe	ermit Acceptor:				Signa	ature:	[
			H	IANDE	BACK	, RECI	EIPT AN	D CANCEL	.LA	TION					
l co	onfirm that the activity has been co	ompleted, ch	ecke	d by my	self ar	nd the a	rea left se	cure and in a	safe	and tidy	y conditi	ion.			
Pe	ermit Acceptor:					Signatu	ıre:					Time:] Date:	
	SECU	<u>JRITY</u>							E	STATE	S & CA	PITA	L DEVELOP	PMEN.	<u> </u>
	cknowledge receipt of this permit h charge has left the area secure and	5				person							completed in safe and tidy		ance with this on.
	Time	e:		Date:								Time:		Date:	

HIGH VOLTAGE PERMIT

Aston University

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0061 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
	-		works commencing.

ISOLATION:											
	State isolation poi	int(s), whether o	r not isolator(s) ha	s (have) been p	padlocked off, fuses	withdrawn.					
WARNING NOTICES:											
	State where Cautio	on/Danger noti	ces have been post	red.							
PROVE APPARATUS DEAD:											
	State what tests he	ave been made,	where and with w	hat instrumen	ts.						
EARTHING:											
	State where appar	ratus has been e	earthed and, for tes	ting, which ea	rths may be removed	d.					
OTHER PRECAUTIONS:											
Specify if required for special circumstances.											
	EME	ERGENCY	CONTAC	[(Person	not involve	d in the	work)				
Name:		Positio	on:				Conta	act:			
					O ACCEPTA						
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken a	ind made kno	own to the	Permit Accept	or in char	ge of the	work. I d	consider that	the apparatus	
											
Permit Issuer:	5	ignature:				Valid	From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co	ntrol will work	on any oth				Valid	To:	Time:		Date:	
will re-sign this permit once the work	c is completed.										
Permit Acceptor:			Signature:								
		HANDE	BACK, REC	EIPT AN	D CANCELL	ATION		I			
I confirm that the activity has been co	ompleted, che	cked by my	self and the a	area left se	cure and in a sa	afe and tio	dy condit	ion.			
Permit Acceptor:			Signatu	ure:				Time:		Date:	
SEC	<u>JRITY</u>					ESTAT	ES & CA	PITAL	DEVELOP	MENT	
I acknowledge receipt of this permit in charge has left the area secure and	5		•						completed in safe and tidy	accordance with this condition.	
Tim	e:	Date:						Time:		Date:	

HIGH VOLTAGE PERMIT

0062 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
	EME	RGENCY	CONTAC	T (Persol	n not involve	ed ir	n the w	ork)				
												1
Name:		Positio	on:					Conta	act:			
[Store indefinition prioritic), whether or not industry() for these particle dark from withdrawn. [WARNING NOTICES: [Store where Caution Durger notices have been paided. PROVE APPARATUS DEAD: [Store where Caution Durger notices have been made. [EARTHING: [Store where apparatus, has been endle, where and with what its: humans. [OTHER PRECAUTIONS: [Store where apparatus, has been endle, where and with what its: humans. [Store where apparatus, has been endle, where and with what its: humans. [OTHER PRECAUTIONS: [Store information:												
	·· 1 1							6.4			.1	
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		anatura.				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
State isolation point(1), whether or not isolator(1) has, thread been publicated off, faces with datama. WARNING NOTICES: State isolation point(2), whether or not isolator(1) has, thread been publicated off, faces with datamaticated in the been made, where and with what automents. EARTHING: State where appearance has been made, where and with what automents. EARTHING: State where appearance has been made, where and with what automents. EARTHING: State where appearance has been marked and, for texting, which earths may be removed. OTHER PRECAUTIONS: State where appearance. EMERGENCY CONTACT (Person not involved in the work) Name: Position: Contact: Contact: Externed above is safe to work on. Permit Issuer: Signature: Signature: Valid From: Interest workes under my control will work on any other electrically dangerous apparatus. Valid To: Time: Date ManDBACK, RECEIPT AND CANCELLATION Iconfirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition. Permit Acceptor: Signature: Interest permit back, RECEIPT AND CANCELLLATION Iconfirm that												
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
J J J J J J J J J J			•	1						•		
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0063 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and Safety at Work Regulations 1999 (as

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	amended) require that organisations wit				
			significant findings of assessments and identify those especially at risk. Risk				
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of				
			works commencing.				

ISOLATION:										
	State isolation point	t(s), whether or not is	solator(s) has (have) beer	padlocked off, fuses w	vithdrawn.					
WARNING NOTICES:	State where Cautior	n/Danaer notices hav	ve been posted.							
PROVE APPARATUS DEAD:										
EARTHING:	State what tests hav	ve been made, where	e and with what instrume	nts.						
	State where appara	tus has been earthea	l and, for testing, which e	arths may be removed	1.					
OTHER PRECAUTIONS:										
		·			d :					
	EME	KGENCY CO	<u>ONTACI</u> (Perso	n not involved	a in the v	VOľK)				
Name:		Position:				Conta	ict:			
I hereby declare that the above preca specified above is safe to work on.	autions have be	en taken and n	nade known to th	e Permit Accepto	or in charg	le of the	work. I d	consider that t	the app	aratus
Permit Issuer:	Sig	inature:			Valid	From:	Time:		Date:	
Neither I or the workers under my co	ntrol will work o				Valid ⁻	Го:	Time:		Date:	
Permit Acceptor:		Sign	nature:							
		HANDBAC	K, RECEIPT AN	ID CANCELL	ATION					
I confirm that the activity has been co	ompleted, checl	ked by myself a	and the area left so	ecure and in a sa	ife and tid	y condit	ion.			
Permit Acceptor:			Signature:				Time:		Date:	
State isolation pointify, whether ar not isolatority has have been pointed. WARNING NOTICES: State whether Caudion/Danger notices have been pointed. PROVE APPARATUS DEAD: State whete Caudion/Danger notices have been pointed. EARTHING: State whete apparatus has been earthed and, for testing, which earths may be removed. OTHER PRECAUTIONS: Specify frequined for special circumstances. EMERGENCY CONTACT (Person not involved in the work) arme: Position: Contact: AUTHORISATION AND ACCEPTANCE ereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus erfield above is safe to work on. ermit Issuer: Signature: Signature: Valid From: Time: Date: Valid To: Time: Date: HANDBACK, RECEIPT AND CANCELLATION onfirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.										
5	5		e person							
Tim	e:	Date:					Time:		Date:	

HIGH VOLTAGE PERMIT

0064 REF:

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Aston Unive	rsity		

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this ta	ask? 🔿 YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the	
			significant findings of assessments and identify those especially at risk. Risk	
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of	
			works commencing.	

	ISOLATION:														
L		State isolation p	oint(s), w	vhether or	not isola	tor(s) has	(have) been	padlocked off, fuse	es with	hdrawn.					
	WARNING NOTICES:														
Г		State where Cau	tion/Dar	nger notic	es have b	een poste	ed.								
	PROVE APPARATUS DEAD:														
r		State what tests	have bee	en made,	where an	d with wh	at instrumer	ts.							
	EARTHING:														
		State where app	aratus ho	as been ee	arthed an	d, for test	ing, which ea	rths may be remo	ved.						
	OTHER PRECAUTIONS:														
L		Specify if require	d for spe	cial circur	nstances.										
	EMERGENCY CONTACT (Person not involved in the work)														
			1												
N	ame:		P	Positic	on:						Conta	act:			
				AUT	HORI	SATI	ON ANI	D ACCEPT		CE					
1 14		utions have											a a u ci el a u éla a é	4 k a a 10 10	
	ereby declare that the above preca ecified above is safe to work on.		beent	lakena	nu ma		wh to the		ρισι	in charg	je or the	WOIK. I	consider that	the app	odiatus
De	ermit Issuer:			. [
Pe			Signat	ure:						Valid I	From:	Time:		Date:	
la	cknowledge receipt of this permit a	and understa	nd the	e safety	v preca	utions	described	l above.			_			1	
	ither I or the workers under my cor Il re-sign this permit once the work			iny othe	er elect	trically	dangerou	ıs apparatus.	I	Valid	To:	Time:		Date:	
_							ſ								
Pe	ermit Acceptor:				Signat	ure:									
			HA	ANDB	ACK,	RECE	IPT AN	D CANCEI	LLA	TION					
l co	onfirm that the activity has been co	ompleted, ch	ecked	by my	self and	d the ar	rea left se	cure and in a	safe	e and tid	y conditi	ion.		_	
Pe	ermit Acceptor:] s	ignatu	re:					Time:		Date:	
	SECU	<u>JRITY</u>							E	STATE	S & CA	PITA	L DEVELOP	MEN.	<u>r</u>
	cknowledge receipt of this permit h charge has left the area secure and					erson							completed in safe and tidy		ance with this on.
	Time	e:		Date:								Time:		Date:	

HIGH VOLTAGE PERMIT

0065 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISO	DLATION:													
		State isolation poin	nt(s), whether or not	isolator(s) has (have) be	en padlocked off, fuse	s with	hdrawn.							
WA	RNING NOTICES:													
		State where Cautio	on/Danger notices ho	ave been posted.										
PRO	OVE APPARATUS DEAD:													
		State what tests he	ave been made, whei	re and with what instrum	nents.									
EAF	RTHING:													
		State where appar	ratus has been earthe	ed and, for testing, which	n earths may be remov	/ed.								
ОТІ	HER PRECAUTIONS:													
	Specify if required for special circumstances.													
		EMERGENCY CONTACT (Person not involved in the work)												
Name: Position:									ict:					
				DRISATION AI										
	y declare that the above preca ed above is safe to work on.	autions have be	een taken and	made known to t	he Permit Accep	otor	in charg	e of the	work. I	consider that	the app	aratus		
							r		1					
Permit	Issuer:	Si	gnature:				Valid F	rom:	Time:		Date:			
Neithei	wledge receipt of this permit a r I or the workers under my co sign this permit once the work	ntrol will work	on any other e			I	Valid 1	To:	Time:		Date:			
will re-:	sight this permit once the work	is completed.	·						L		1			
Permit	Acceptor:		Sig	nature:										
			HANDBAC	CK, RECEIPT A	ND CANCEL	.LA	TION							
Lconfin	m that the activity has been co	ompleted cher	cked by myself	and the area left	secure and in a	safe	and tid	/ conditi	on.					
	in that the activity has been ee	Simpleted, ener	cked by mysen		Secure una in a	Juic								
Permit	Acceptor:			Signature:					Time:		Date:			
	<u>SECL</u>	<u>JRITY</u>				E	STATE	S & CA	PITAL	DEVELOP	MEN	[
	wledge receipt of this permit l ge has left the area secure and			ne person						completed in safe and tidy		ance with this on.		
	Tim	e:	Date:						Time:		Date:			
									I		· '			

HIGH VOLTAGE PERMIT

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
	State isolation poin	t(s), whether or n	ot isolator(s) has	(have) been	oadlocked off, fuses	s witha	drawn.						
WARNING NOTICES:													
	State where Caution	n/Danger notices	have been poste	ed.									
PROVE APPARATUS DEAD:													
	State what tests ha	ve been made, wł	here and with wh	at instrumen	ts.								
EARTHING:													
	State where appara	atus has been eart	thed and, for test	ing, which ea	rths may be remove	ed.							
OTHER PRECAUTIONS:													
	Specify if required for special circumstances.												
EMERGENCY CONTACT (Person not involved in the work)													
	1											1	
Name: Position: Contact:													
		ΔΙΙΤΗ			О АССЕРТА	NC	F						
I hereby declare that the above preca specified above is safe to work on.	utions have be	en taken and	d made knov	wn to the	Permit Accep	otor i	n charge	e of the	work. I	consider that	the app	aratus	
						г					1		
Permit Issuer:		gnature:				ľ	Valid F	rom:	Time:		Date:		
I acknowledge receipt of this permit a Neither I or the workers under my co	ntrol will work o						Valid T	o:	Time:		Date:		
will re-sign this permit once the work	is completed.												
Permit Acceptor:		Si	ignature:										
		HANDBA	CK , RECE	IPT AN	D CANCEL	LAT	<u>FION</u>						
I confirm that the activity has been co	ompleted, chec	ked by myse	elf and the ar	rea left se	cure and in a s	safe a	and tidy	conditi	ion.				
Permit Acceptor:			Signatu	re:					Time:		Date:		
SECU	<u>JRITY</u>					ES	TATES	5 & CA	PITAL	L DEVELOP	MEN	[
I acknowledge receipt of this permit I in charge has left the area secure and										completed in safe and tidy		ance with this on.	
Tim	e:	Date:							Time:		Date:		

HIGH VOLTAGE PERMIT

0067 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation po	int(s), whether o	or not isolator(s) ha	s (have) been	padlocked off, fuse	s wit	hdrawn.					
WARNING NOTICES:	[- 4								
	State where Caut	ion/Danger noti	ces have been post	ed.								
PROVE APPARATUS DEAD:												
	State what tests h	nave been made,	, where and with w	hat instrumer	ts.							
EARTHING:												
	State where appa	ıratus has been e	earthed and, for tes	ting, which ea	irths may be remov	/ed.						
OTHER PRECAUTIONS:												
Specify if required for special circumstances. EMERGENCY CONTACT (Person not involved in the work)												
	EMI	ERGENCY		[(Persor	n not involv	ed	in the work	l				
								Г				
Name:		Position	on:				Со	ntact:				
			HORISATI				C E					
I hereby declare that the above preca specified above is safe to work on.	autions have b	oeen taken a	and made kno	wn to the	Permit Accep	otor	r in charge of 1	he work.	l consider that	the app	aratus	
Permit Issuer:							[-		
	3	ignature:					Valid Fron	1: Time	:	Date:		
l acknowledge receipt of this permit a	and understar	nd the safet	y precautions	described	above.	٦				1		
Neither I or the workers under my co will re-sign this permit once the work			ner electrically	dangerou	ıs apparatus. I	I	Valid To:	Time		Date:		
				r								
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	D CANCEL	.LA	TION	·				
I confirm that the activity has been co	ompleted, che	ecked by my	/self and the a	rea left se	cure and in a	safe	e and tidy con	dition.				
Permit Acceptor:			Signatu	ıre:				Time] Date:		
<u>SECI</u>	JRITY					E	STATES &	CAPITA	L DEVELO	PMEN	[
l acknowledge receipt of this permit l in charge has left the area secure and	5		•				,		n completed in a safe and tidy			
]							1		
Tim	e:	Date:						Time		Date:		

HIGH VOLTAGE PERMIT

0068 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOL	ATION:												
		State isolation po	int(s), whether or	not isolator(s) ha	s (have) been j	padlocked off, fus	es wit	hdrawn.					
WAR	RNING NOTICES:		ion/Danaar notic	as baus been post	od								
		State where Cauti	on/Danger notice	es nave been post	ea.								1
PRO	VE APPARATUS DEAD:												
		State what tests h	ave been made, v	where and with w	hat instrumen	ts.							
EART	THING:												
		State where appa	ratus has been ec	arthed and, for tes	ting, which ea	rths may be remo	oved.						
ОТН	ER PRECAUTIONS:												
	Specify if required for special circumstances.												
	EMERGENCY CONTACT (Person not involved in the work)												
									_	Г			
Name:			Positio	on:					Conta	ct:			
			AUT	HORISATI	ON ANL	D ACCEPT	AN	<u>CE</u>					
	declare that the above preca l above is safe to work on.	autions have b	een taken a	nd made kno	own to the	Permit Acce	ptor	r in charge	of the	work. I	consider that	the app	paratus
Permit Is	scuor		ignature:									1	
T entite 13		3						Valid Fr	om:	Time:		Date:	
lacknow	ledge receipt of this permit a	and understar	nd the safety	precautions	described	l above.						1	
	or the workers under my cor gn this permit once the work			er electrically	dangerou	ıs apparatus.	1	Valid To):	Time:		Date:	
			1		Г								
Permit A	Acceptor:			Signature:									
			HANDB	ACK, REC	EIPT AN	D CANCE	LLA	TION		I			
l confirm	that the activity has been co	ompleted, che	cked by mys	self and the a	irea left se	cure and in a	safe	e and tidy c	onditi	on.			
Permit A	Acceptor:			Signatu	ure:					Time:		Date:	
	SECU	JRITY					E	STATES	& CA	PITAL	L DEVELOP	MEN.	Γ
	rledge receipt of this permit h e has left the area secure and	5		•							completed in safe and tidy		ance with this on.
	Time	ne: Date: Da											
										inne.			

HIGH VOLTAGE PERMIT

0069 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	where Caution/Danger notices have been posted.										
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PREC	AUTIONS:												
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0070 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:											
	State isolation po	int(s), whether o	or not isolator(s) ha	s (have) been	padlocked off, fuse	s wit	hdrawn.				
WARNING NOTICES:	[- 4							
	State where Caut	ion/Danger noti	ces have been post	ed.							
PROVE APPARATUS DEAD:											
	State what tests h	nave been made,	, where and with w	hat instrumer	ts.						
EARTHING:											
	State where appa	ıratus has been e	earthed and, for tes	ting, which ea	irths may be remov	/ed.					
OTHER PRECAUTIONS:											
	Specify if required										
	EMI	ERGENCY		[(Persor	n not involv	ed	in the work	l			
								Г			
Name:		Positio	on:				Со	ntact:			
			HORISATI				C E				
I hereby declare that the above preca specified above is safe to work on.	autions have b	oeen taken a	and made kno	wn to the	Permit Accep	otor	r in charge of 1	he work.	l consider that	the app	aratus
Permit Issuer:							[-	
	3	ignature:					Valid Fron	1: Time	:	Date:	
l acknowledge receipt of this permit a	and understar	nd the safet	y precautions	described	above.	٦				1	
Neither I or the workers under my co will re-sign this permit once the work			ner electrically	dangerou	ıs apparatus. I	I	Valid To:	Time		Date:	
				r							
Permit Acceptor:			Signature:								
		HANDE	BACK, REC	EIPT AN	D CANCEL	.LA	TION	·			
I confirm that the activity has been co	ompleted, che	ecked by my	/self and the a	rea left se	cure and in a	safe	e and tidy con	dition.			
Permit Acceptor:			Signatu	ıre:				Time] Date:	
<u>SECI</u>	JRITY					E	STATES &	CAPITA	L DEVELO	PMEN	[
l acknowledge receipt of this permit l in charge has left the area secure and	5		•				,		n completed in a safe and tidy		
]							1	
Tim	e:	Date:						Time		Date:	

HIGH VOLTAGE PERMIT

0071 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:											
	State isolation po	int(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	Irawn.				
WARNING NOTICES:											
	State where Caut	ion/Danger noti	ces have been po	sted.							
PROVE APPARATUS DEAD:											
	State what tests h	nave been made,	where and with	what instrume	nts.						
EARTHING:											
	State where appa	ıratus has been e	earthed and, for t	esting, which e	arths may be remove	ed.					
OTHER PRECAUTIONS:											
	Specify if required										
	<u>EM</u>	ERGENCY	CONTAC	T (Perso)	n not involve	ed ir	n the work)				
]							Г			
Name:		Positio	on:				Con	tact:			
		ΔΠ	HORISAT	ΊΟΝ ΔΝ	D ACCEPTA		F				
	<u> </u>								· · · · ·	-	
I hereby declare that the above preca specified above is safe to work on.	autions have b	been taken a	and made kn	iown to the	e Permit Accep	otor i	n charge of th	ie work.	l consider that	the app	aratus
Permit Issuer:	s	ignature:				[Valid From				
		l					valid From	Time		Date:	
l acknowledge receipt of this permit Neither I or the workers under my co	ntrol will work	c on any oth					Valid To:	Time	:	Date:	
will re-sign this permit once the work	is completed										
Permit Acceptor:			Signature:								
		HANDE	BACK, REC		ID CANCEL	LA1	<u>FION</u>				
I confirm that the activity has been co	ompleted, che	ecked by my	vself and the	area left se	ecure and in a s	safe	and tidy conc	lition.			
Permit Acceptor:			Signa	ture:				Time	:	Date:	
SEC	<u>JRITY</u>					ES	TATES & C	ΑΡΙΤΑ	L DEVELOP	MENT	[
I acknowledge receipt of this permit in charge has left the area secure and				n					n completed in a safe and tidy		
Tim	e:	Date:]				Time		Date:	

HIGH VOLTAGE PERMIT

0072 REF:

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Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for thi	is task? 🔿 YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk assessments and method statements must be submitted to Estates & Capital Development Department in advance of
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	
			works commencing.

ISOLATION:										
	State isolation poin	nt(s), whether o	r not isolator(s) ha	ıs (have) been	padlocked off, fuses	withdrawn.				
WARNING NOTICES:	Etato unboro Courtio	on/Danaar noti	ras baya baan nas	tod						
	State where Cautio	on/Danger notic	es nave been pos	iea.						
PROVE APPARATUS DEAD:										
	State what tests he	ave been made,	where and with w	hat instrumen	ts.					
EARTHING:										
	State where apparatus has been earthed and, for testing, which earths may be removed.									
OTHER PRECAUTIONS:										
	Specify if required									
EMERGENCY CONTACT (Person not involved in the work)										
Name:		Positio	on:				Conta	act:		
		A 1 1 T				NCE				
AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus specified above is safe to work on.										
		ſ				r		1		1
Permit Issuer:	Si	gnature:				Valid	From:	Time:		Date:
						land		Time.		
I acknowledge receipt of this permit and understand the safety precautions described above.										
Neither I or the workers under my co will re-sign this permit once the work			er electrically	/ dangerou	is apparatus. I	Vallu	10:	Time:		Date:
win re-sign this permit once the work	lis completed.							· · · ·		
Permit Acceptor:			Signature:							
HANDBACK, RECEIPT AND CANCELLATION										
I confirm that the activity has been completed, checked by myself and the area left secure and in a safe and tidy condition.										
Permit Acceptor:			Signat	ure:				Time:		Date:
SECURITY ESTATES & CAPITAL DEVELOPMENT										
I acknowledge receipt of this permit having been informed that the person in charge has left the area secure and in a safe and tidy condition.										
Tim	e:	Date:						Time:		Date:

HIGH VOLTAGE PERMIT

Aston University

0073 REF:

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
-			

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with
			five or more employees record the significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

PRECAUTIONS

ISOLATION:											
	State isolation poin	nt(s), whether or not	isolator(s) has (h	ave) been pa	dlocked off, fuses wi	thdrawn.					
WARNING NOTICES:											
	State where Cautio	n/Danger notices ha	ive been posted.								
PROVE APPARATUS DEAD:											
	State what tests have been made, where and with what instruments.										
EARTHING:	NG:										
	State where appare	atus has been earthe	ed and, for testing	g, which earth	ns may be removed.						
OTHER PRECAUTIONS:											
		or special circumsta									
	EME	RGENCY CO	<u>DNTACT (</u>	Person i	not involved	in the v	vork)				
Name:		Position:					Conta	act:			
AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus											
specified above is safe to work on.	autions have be	en taken and i	made knowi	n to the P	ermit Accepto	r in charg	ge of the	WORK. I	consider that	the appar	atus
								1			
Permit Issuer:		gnature:				Valid	From:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co						Valid	To:	Time:		Date:	
will re-sign this permit once the work	is completed.									J L	
Permit Acceptor:		Sig	nature:		I						
		HANDBAC	K, RECEI	PT AND		ATION					
I confirm that the activity has been c	ompleted, chec	ked by myself	and the area	a left secu	ire and in a saf	e and tid	y condit	ion.			
Permit Acceptor:			Signature	:				Time:		Date:	
SEC	<u>JRITY</u>				Ē	STATE	S&CA	PITAL	L DEVELO	PMENT	
I acknowledge receipt of this permit in charge has left the area secure and			e person		am satisfied the am satisfied the						
Tim	e:	Date:						Time:		Date:	
		J L			L			1	L	J L	

HIGH VOLTAGE PERMIT

0074 REF:

Aston University

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Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		1		NB: The Management of Health and ISafety at Work Regulations 1999 (as

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
	-		works commencing.

ISOL	ATION:												
		State isolation po	int(s), whether or	not isolator(s) ha	s (have) been j	padlocked off, fus	es wit	hdrawn.					
WAR	RNING NOTICES:		ion/Danaar notic	as baus been post	od								
		State where Cauti	on/Danger notice	es nave been post	ea.								1
PRO	VE APPARATUS DEAD:												
		State what tests h	ate what tests have been made, where and with what instruments.										
EART	THING:												
		State where appa	ratus has been ec	arthed and, for tes	ting, which ea	rths may be remo	oved.						
OTHER PRECAUTIONS:													
	Specify if required for special circumstances.												
EMERGENCY CONTACT (Person not involved in the work)													
									_	Г			
Name:			Positio	on:					Conta	ct:			
AUTHORISATION AND ACCEPTANCE													
	declare that the above preca l above is safe to work on.	autions have b	een taken a	nd made kno	own to the	Permit Acce	ptor	r in charge	of the	work. I	consider that	the app	paratus
Permit Is	scuor		ignature:									1	
T entite 13		3						Valid Fr	om:	Time:		Date:	
lacknow	ledge receipt of this permit a	and understar	nd the safety	precautions	described	l above.						1	
	or the workers under my cor gn this permit once the work			er electrically	dangerou	ıs apparatus.	1	Valid To):	Time:		Date:	
			1		Г								
Permit A	Acceptor:			Signature:									
			HANDB	ACK, REC	EIPT AN	D CANCE	LLA	TION		A			
l confirm	that the activity has been co	ompleted, che	cked by mys	self and the a	irea left se	cure and in a	safe	e and tidy c	onditi	on.			
Permit A	Acceptor:			Signatu	ure:					Time:		Date:	
	SECU	JRITY					E	STATES	& CA	PITAL	L DEVELOP	MEN.	Γ
	rledge receipt of this permit h e has left the area secure and	5		•							completed in safe and tidy		ance with this on.
	Time	o.	Date:							Time:		Date:	
										inne.			

HIGH VOLTAGE PERMIT

0075 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	int(s), whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdr	rawn.					
WARNING NOTICES:												
	State where Cauti	on/Danger noti	ices have been pos	sted.								
PROVE APPARATUS DEAD:												
	State what tests have been made, where and with what instruments.											
EARTHING:	EARTHING:											
	State where appar	ratus has been e	earthed and, for te	sting, which ea	irths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
EMERGENCY CONTACT (Person not involved in the work)												
	1								_			
Name:		Positi	on:				Co	ontact	:			
AUTHORISATION AND ACCEPTANCE												
AO INORIGATION AND ACCLI TANCE												
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	and made kn	own to the	Permit Accept	tor in	n charge of	the wo	ork. I	consider that t	the app	aratus
Permit Issuer:						Г					1	
		gnature:				V	/alid Fror	m: Ti	ime:		Date:	
						, L						
I acknowledge receipt of this permit a Neither I or the workers under my cor will re-sign this permit once the work	ntrol will work	on any oth				V	/alid To:	Ті	ime:		Date:	
will re-sign this permit once the work	is completed.	•									1	
Permit Acceptor:			Signature:	[
		HANDE	BACK, REC	EIPT AN	D CANCELI	LAT	ION					
I confirm that the activity has been co	ompleted, che	cked by my	/self and the	area left se	cure and in a s	safe a	and tidy co	ndition	۱.			
Permit Acceptor:			Signat	ure:] ті	ime:		Date:	
<u>SECL</u>	<u>JRITY</u>					EST	TATES &	CAP	ITAL	DEVELOP	MEN	[
l acknowledge receipt of this permit h in charge has left the area secure and	5		•	1						completed in safe and tidy		ance with this on.
Time	e:	Date:		Ī				Ті	ime:		Date:	

HIGH VOLTAGE PERMIT

REF: 0076

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:											
	State isolation poin	nt(s), whether o	r not isolator(s) ha	s (have) been po	adlocked off, fuses wi	ithdrawn.					
WARNING NOTICES:											
	State where Cautio	on/Danger notic	es have been post	ed.							
PROVE APPARATUS DEAD:											
	State what tests ho	ave been made,	where and with w	hat instruments	i.						
EARTHING:											
	State where appar	ratus has been e	arthed and, for tes	ting, which ear	ths may be removed.						
OTHER PRECAUTIONS:											
	Specify if required	for special circu	mstances.								
	EME	RGENCY	CONTAC	(Person	not involved	in the v	vork)				
	1										
Name:		Positio	on:				Conta	act:			
	AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	nd made kno	own to the f	Permit Accepto	r in charg	je of the	work. I	consider that t	the app	aratus
Permit Issuer:		anatura: [[
		gnature:				Valid I	From:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my con will re-sign this permit once the work	ntrol will work	on any oth	•			Valid ⁻	То:	Time:		Date:	
	is completed.							1		•	
Permit Acceptor:			Signature:								
		HANDB	ACK, REC	EIPT AND	CANCELL	ATION					
I confirm that the activity has been co	ompleted, cheo	cked by my	self and the a	irea left sec	ure and in a saf	e and tid	y condit	ion.			
Permit Acceptor:			Signatu	ure:				Time:		Date:	
<u>SECL</u>	JRITY				Ē	ESTATE	S & CA	PITAL	DEVELOP	MENT	[
l acknowledge receipt of this permit l in charge has left the area secure and					I am satisfied t permit and the				•		
			1						[]	1]
Time	e:	Date:						Time:		Date:	

HIGH VOLTAGE PERMIT

0077 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:										
	State isolation poi	int(s), whether or n	not isolator(s) has (have) bee	n padlocked off, fuses w	vithdrawn.					
WARNING NOTICES:										
	State where Cauti	on/Danger notices	s have been posted.							
PROVE APPARATUS DEAD:										
	State what tests h	ave been made, w	here and with what instrum	ents.						
EARTHING:										
	State where appa	ratus has been ear	thed and, for testing, which	earths may be removed.						
OTHER PRECAUTIONS:										
	Specify if required	for special circum	stances.							
	EME	RGENCY	CONTACT (Perso	on not involved	d in the v	vork)				
Name:	lame: Position:					Conta	act:			
AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken an	d made known to th	e Permit Accepto	or in charg	e of the	work. I	consider that	the appa	natus
Permit Issuer:					[1			
		gnature:			Valid I	rom:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co will re-sign this permit once the work	ntrol will work	on any other			Valid ⁻	Го:	Time:] Date:	
will re-sign this permit once the work	is completed						·			
Permit Acceptor:		s	iignature:							
		HANDBA	ACK, RECEIPT A	ND CANCELL	<u>ATION</u>					
I confirm that the activity has been co	ompleted, che	cked by myse	elf and the area left s	ecure and in a saf	fe and tid	y conditi	ion.			
Permit Acceptor:			Signature:				Time:		Date:	
	<u>JRITY</u>		Signature:	l	ESTATE	S & CA		_ DEVELOI	J L	
	having been ir		the person	I am satisfied t permit and the	that the ad	tivity ha	PITAI as been	completed in	PMENT	

HIGH VOLTAGE PERMIT

0078 REF:

Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdra	ıwn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ces have been po	ited.								
PROVE APPARATUS DEAD:												
	State what tests h	ave been made,	where and with w	vhat instrumer	nts.							
FARTUNC												
EARTHING:												
	State where appar	ratus has been e	earthed and, for te	sting, which ea	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required			- 10			.1 1)					
	EME	RGENCY	CONTAC	(Person	n not involve	ed in i	the work)					
Name:		Positi	on:			Contact:						
L												
		AU1	HORISAT	ION ANI	D ACCEPTA	NCE						
I hereby declare that the above preca	utions have b	een taken a	and made kn	own to the	Permit Accent	tor in	charge of the	work L	consider that t	the ann	aratus	
specified above is safe to work on.		cerreaterre					charge of the	Workar	consider that	ine upp	aratas	
					1							
Permit Issuer:		gnature:										
		gnature.				Va	alid From:	Time:		Date:		
	1 1 .					, L						
I acknowledge receipt of this permit a Neither I or the workers under my cor							alid To:	Time:		Date:		
will re-sign this permit once the work			ier electricali	yuungeroo	us apparatus. i			mine.		Dutc.		
	'											
Permit Acceptor:			Signature:									
			Signature.									
		HANDE	BACK, REC	EIPT AN	ID CANCELI	LATI	<u>ON</u>					
l confirm that the activity has been co	mpleted, che	cked by my	self and the	area left se	cure and in a s	afe ar	nd tidy conditi	ion.				
	inpreted, ene	enea 2))				ure ur						
								T :				
Permit Acceptor:			Signat	ure:				Time:		Date:		
SECL	<u>JRITY</u>					EST	ATES & CA	PITAL	L DEVELOP	MENT		
l acknowledge receipt of this permit h	aving been in	formed the	at the parson		Lam caticfied				completed in			
in charge has left the area secure and	5		•	'					safe and tidy			
								T:#***				
Time	e:	Date:						Time:		Date:		

HIGH VOLTAGE PERMIT

0079 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

PRECAUTIONS

ISOLATION:										
	State isolation poi	nt(s), whether or no	ot isolator(s) has (have) be	een padlocked off, fuses v	withdrawn.					
WARNING NOTICES:										
	State where Cautio	on/Danger notices	have been posted.							
PROVE APPARATUS DEAD:										
	State what tests he	ave been made, wh	ere and with what instru	ments.						
EARTHING:										
	State where apparatus has been earthed and, for testing, which earths may be removed.									
OTHER PRECAUTIONS:										
	Specify if required									
	EME	RGENCY	CONTACT (Pers	on not involve	d in the v	vork)				
]		[
Name:		Position	:			Conta	act:			
			-							
		<u>AUTH</u>	ORISATION A	ND ACCEPTA	NCE					
I hereby declare that the above prec specified above is safe to work on.	autions have b	een taken and	d made known to 1	the Permit Accept	or in charg	e of the	work. I d	consider that t	the apparatu	IS
Permit Issuer:	Si	gnature:			Valid I	-rom:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the wor	ntrol will work	on any other			Valid ⁻	Го:	Time:		Date:	
	•									
Permit Acceptor:		Si	gnature:							
		HANDBA	CK, RECEIPT A	AND CANCELL	ATION					
I confirm that the activity has been o	ompleted, che	cked by myse	lf and the area left	secure and in a sa	afe and tid	y conditi	ion.			
Permit Acceptor:			Signature:				Time:		Date:	
<u>SEC</u>	<u>URITY</u>				ESTATE	S & CA	PITAL	DEVELOP	MENT	
l acknowledge receipt of this permit in charge has left the area secure an								completed in safe and tidy of		with this
Tin	e:	Date:					Time:		Date:	

HIGH VOLTAGE PERMIT

0080 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
-			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	State where apparatus has been earthed and, for testing, which earths may be removed.										
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
	AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus													
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
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l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

Aston University

0081 REF:

		-	
Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			

Has a suitable and sufficient risk assessment been undertaken for this task?	YES	⊖ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	int(s), whether o	or not isolator(s) ha	ıs (have) been	padlocked off, fuses	s with	hdrawn.					
WARNING NOTICES:	State where Cauti	on/Danaer noti	ices have been posi	ted								
PROVE APPARATUS DEAD:												
EARTHING:	State what tests have been made, where and with what instruments. EARTHING:											
	State where appar	ratus has been o	earthed and, for te	sting, which ea	irths may be remove	red.						
OTHER PRECAUTIONS:												
	Specify if required			- /2								
	EME		CONTAC	<u>T</u> (Persor	n not involve	ed i	in the w	ork)				
Name:		Positi	on:					Conta	ict:			
AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken a	and made kno	own to the	Permit Accep	otor	in charge	e of the	work. I d	consider that	the app	aratus
Permit Issuer:	Si	gnature:					Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the work	ntrol will work	on any oth					Valid T	o:	Time:		Date:	
Permit Acceptor:			Signature:	[
		HANDE	BACK, REC	EIPT AN	D CANCEL	LA	TION					
I confirm that the activity has been co	ompleted, che	cked by my	/self and the a	area left se	cure and in a s	safe	and tidy	conditi	ion.			
Permit Acceptor:			Signati	ure:					Time:		Date:	
<u>SECU</u>	<u>JRITY</u>					<u>E</u> !	STATES	5 & CA	PITAL	DEVELOP	MEN	
I acknowledge receipt of this permit in charge has left the area secure and										completed in safe and tidy		ance with this on.
Tim	e:	Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0082 REF:

Aston University	

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

	ISOLA	TION:																		
L				Sta	te isolatior	n point(s), whether	r or not i	solator(s) ho	as (have) bee	n padlock	ed off, fuse	s with	ndrawn.						
,	WARN	IING NOTIO	CES:																	
				Sta	te where C	aution/	Danger no	otices ha	ve been pos	ted.										
	PROVI	E APPARAT	US DEAI	D:																
-				Sta	te what tes	sts have	e been maa	le, where	e and with w	vhat instrum	ents.									
	EARTH	HING:																		
-				Sta	te where a	pparatı	us has beer	n earthe	d and, for te	sting, which	earths ma	ıy be remov	red.							
OTHER PRECAUTIONS:																				
L				Spe	cify if requ	ired for	special cire	cumstar	ices.											
					E	MER	GENC	Y CC	ONTAC	T _(Persc	on not	involv	ed I	in the v	vork)					
Na	me:						Posit	ion:							Conta	act:				
AUTHORISATION AND ACCEPTANCE																				
		eclare that the bove is safe t	•		ons hav	e bee	n taken	and r	nade kno	own to th	ie Perm	nit Accep	otor	in char	ge of the	work. I	consider that	t the app	oaratus	
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Pei	mit Issu	uer:				Sigr	nature:							Valid	From:	Time:		Date:		
Nei	ther I o	dge receipt o r the workers n this permit o	under my	contro	ol will w	ork o							I	Valid	To:	Time:		Date:		
vviii	Te sign	r this permit t	fice the w		ompier	.cu.										·				
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						ļ	HAND	BAC	K, REC	EIPT A	ND C	ANCEL	LA	TION		• •				
l co	nfirm tl	hat the activit	ty has beer	n comp	oleted, c	heck	ed by m	nyself	and the a	area left s	ecure a	and in a s	safe	and tic	ly condit	ion.				
Pei	mit Aco	ceptor:							Signat	ure:						Time:		Date:		
			SE	CURI	TY								E	STATE	ES & CA	PITA	L DEVELO	PMEN ⁻	Γ	
		dge receipt on as left the ar							e person								completed ir safe and tidy			h this
			Т	ime:			Date:			1						Time:		Date:		

HIGH VOLTAGE PERMIT

REF: 0083

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this t	ask? 🔿 YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊂ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION	J:													
		State isolation	point(s),	whether or	not isolator(s) h	as (have) beer	padlocked off, fuse	s with	hdrawn.					
WARNING	NOTICES:	State where Ca	ution/Dr	anger notice	es have been pos	ted								
		State where Ca	ulion/DC	ungernotice	es nave been pos	stea.								
PROVE AP	PARATUS DEAD:													
[State what test	s have be	een made, v	where and with v	vhat instrume	nts.							
EARTHING	:													
	State where apparatus has been earthed and, for testing, which earths may be removed.													
OTHER PRECAUTIONS:														
		Specify if requir	ed for sp	oecial circur	mstances.									
		EN	IERG	JENCY	CONTAC	T (Perso	n not involv	ed i	in the v	vork)				
Name:				Positio	on:					Conta	ict:			
				ALIT					67					
	AUTHORISATION AND ACCEPTANCE													
	that the above preca is safe to work on.	autions have	been	taken aı	nd made kn	own to th	e Permit Accep	otor	in charg	e of the	work. I	consider that	the app	aratus
Permit Issuer:			c :											
rennit issuer.			Signa						Valid I	From:	Time:		Date:	
Neither I or the	eceipt of this permit a workers under my cor permit once the work	ntrol will wo	rk on a		•			I	Valid ⁻	Го:	Time:		Date:	
will re-sign this	Semili once the work	is complete	eu.											
Permit Accepto	r:				Signature:									
			H	ANDB	ACK, REC	EIPT AN	ND CANCEL	.LA	TION					
I confirm that th	e activity has been co	ompleted, cl	necked	d by mys	self and the	area left se	ecure and in a	safe	e and tidy	y conditi	on.			
Permit Accepto	r:				Signat	ure:					Time:		Date:	
	SECU	JRITY						E	STATE	S & CA	PITA	L DEVELOI	MEN	[
	eceipt of this permit h It the area secure and					1						completed in safe and tidy		ance with this
	Time	e:		Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

REF: 0084

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task	? O YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION	J:													
		State isolation	point(s),	whether or	not isolator(s) h	as (have) beer	padlocked off, fuse	s with	hdrawn.					
WARNING	NOTICES:	State where Ca	ution/Dr	anger notice	es have been pos	ted								
		State where Ca	ulion/DC	ungernotice	es nave been pos	stea.								
PROVE AP	PARATUS DEAD:													
[State what test	s have be	een made, v	where and with v	vhat instrume	nts.							
EARTHING	:													
	State where apparatus has been earthed and, for testing, which earths may be removed.													
OTHER PRECAUTIONS:														
		Specify if requir	ed for sp	oecial circur	mstances.									
		EN	IERG	JENCY	CONTAC	T (Perso	n not involv	ed i	in the v	vork)				
Name:				Positio	on:					Conta	ict:			
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	AUTHORISATION AND ACCEPTANCE													
	that the above preca is safe to work on.	autions have	been	taken aı	nd made kn	own to th	e Permit Accep	otor	in charg	e of the	work. I	consider that	the app	aratus
Permit Issuer:			c :											
rennit issuer.			Signa						Valid I	From:	Time:		Date:	
Neither I or the	eceipt of this permit a workers under my cor permit once the work	ntrol will wo	rk on a		•			I	Valid ⁻	Го:	Time:		Date:	
will re-sign this	Semili once the work	is complete	eu.											
Permit Accepto	r:				Signature:									
			H	ANDB	ACK, REC	EIPT AN	ND CANCEL	.LA	TION					
I confirm that th	e activity has been co	ompleted, cl	necked	d by mys	self and the	area left se	ecure and in a	safe	e and tidy	y conditi	on.			
Permit Accepto	r:				Signat	ure:					Time:		Date:	
	SECU	JRITY						E	STATE	S & CA	PITA	L DEVELOI	MEN	[
	eceipt of this permit l t the area secure and					1						completed in safe and tidy		ance with this
	Time	e:		Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

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REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	s withc	drawn.					
WARNING NOTICES:												
	State where Cautio	on/Danger noti	ices have been pos	ited.								
PROVE APPARATUS DEAD:												
	State what tests ha	ave been made,	, where and with v	vhat instrumer	nts.							
EARTHING:												
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
EMERGENCY CONTACT (Person not involved in the work)												
												1
Name:		Positio	on:					Conta	act:			
		AUT	HORISAT		Ο ΑССЕРТА	NC	F					
AUTHORISATION AND ACCEPTANCE I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus												
specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	e Permit Accep	otor i	n charge	e of the	WORK. I	consider that	the app	baratus
Permit Issuer:		gnature:				Г			r –			
		gnature.				ľ	Valid F	rom:	Time:		Date:	
I acknowledge receipt of this permit a	nd understan	d the safet	y precaution:	s describe	d above.	٦ŀ						
Neither I or the workers under my con will re-sign this permit once the work			ner electrically	y dangero	us apparatus. I		Valid T	0:	Time:		Date:	
]										
Permit Acceptor:			Signature:									
		HANDE	BACK, REC	EIPT AN	ID CANCEL	LA1	<u>FION</u>					
I confirm that the activity has been co	mpleted, cheo	cked by my	/self and the	area left se	ecure and in a s	safe	and tidy	, conditi	ion.			
Permit Acceptor:			Signat	ure:					Time:		Date:	
<u>SECU</u>	IRITY					ES	TATE	S & CA	PITA	L DEVELOP	MEN.	Γ
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy		ance with this on.
Time	:	Date:		Ī					Time:		Date:	

HIGH VOLTAGE PERMIT

0086 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:										
	State isolation po	int(s), whether or not	isolator(s) has (have) beer	padlocked off, fuses w	vithdrawn.					
WARNING NOTICES:										
	State where Cauti	ion/Danger notices ho	ave been posted.							
PROVE APPARATUS DEAD:										
	State what tests h	ave been made, whei	e and with what instrume	nts.						
EARTHING:										
	State where appa	ratus has been earthe	ed and, for testing, which e	arths may be removed						
OTHER PRECAUTIONS:										
	Specify if required	l for special circumsta	nces.							
	EM	ERGENCY CO	DNTACT (Perso	n not involved	d in the	work)				
Name:		Position:				Conta	act:			
	AUTHORISATION AND ACCEPTANCE									
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken and	made known to th	e Permit Accepto	or in cha	rge of the	work. I	consider that	the appa	ratus
					_		•		i	
Permit Issuer:	Si	ignature:			Valid	From:	Time:		Date:	
Neither I or the workers under my co	ntrol will work	on any other e		I acknowledge receipt of this permit and understand the safety precautions described above. Neither I or the workers under my control will work on any other electrically dangerous apparatus. I Valid To: Time: Date:						
will re-sign this permit once the work is completed.							Time:			
						10.	Time:			
Permit Acceptor:			nature:]
Permit Acceptor:		Sig	nature: :K, RECEIPT AN]
Permit Acceptor:	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION					
	ompleted, che	Sig	K, RECEIPT AN	ND CANCELL	ATION				Date:	
I confirm that the activity has been co	ompleted, che	Sig	CK, RECEIPT AN and the area left so	ND CANCELL	ATION fe and ti	dy condit	ion. Time:	DEVELOP	Date:	
I confirm that the activity has been co	JRITY having been ii	Sig HANDBAC	K, RECEIPT AN and the area left so Signature:	ND CANCELL	ATION fe and ti ESTAT	dy conditi ES & CA	ion. Time: NPITAL	completed in	Date:	

HIGH VOLTAGE PERMIT

0087 REF:

Aston University

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Contractor:	Permit Acceptor:		Mobile Number:	
Location:	Designation of Circuit:		Area(s) Affected:	
Job Details:				
		1		NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOL	ATION:												
		State isolation po	int(s), whether or	not isolator(s) ha	s (have) been j	padlocked off, fus	es wit	hdrawn.					
WAR	RNING NOTICES:		ion/Danaar notic	as baus been post	od								
		State where Cauti	on/Danger notice	es nave been post	ea.								1
PRO	VE APPARATUS DEAD:												
		State what tests h	ave been made, v	where and with w	hat instrumen	ts.							
EART	THING:												
	State where apparatus has been earthed and, for testing, which earths may be removed.												
ОТН	OTHER PRECAUTIONS:												
		Specify if required											
		EME	ERGENCY	CONTAC	[(Persor	n not involv	/ed	in the wo	ork)				
									_	Г			
Name:			Positio	on:					Conta	ct:			
AUTHORISATION AND ACCEPTANCE													
	declare that the above preca l above is safe to work on.	autions have b	een taken a	nd made kno	own to the	Permit Acce	ptor	r in charge	of the	work. I	consider that	the app	paratus
Permit Is	scuor		ignature:									1	
T entite 13		3						Valid Fr	om:	Time:		Date:	
lacknow	ledge receipt of this permit a	and understar	nd the safety	precautions	described	l above.						1	
	or the workers under my cor gn this permit once the work			er electrically	dangerou	ıs apparatus.	1	Valid To):	Time:		Date:	
			1		Г								
Permit A	Acceptor:			Signature:									
			HANDB	ACK, REC	EIPT AN	D CANCE	LLA	TION		I			
l confirm	that the activity has been co	ompleted, che	cked by mys	self and the a	irea left se	cure and in a	safe	e and tidy c	onditi	on.			
Permit A	Acceptor:			Signatu	ure:					Time:		Date:	
	SECU	JRITY					E	STATES	& CA	PITAL	L DEVELOP	MEN.	Γ
	rledge receipt of this permit h e has left the area secure and	5		•							completed in safe and tidy		ance with this on.
	Time	o.	Date:							Time:		Date:	
										inne.			

HIGH VOLTAGE PERMIT

0088 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

PRECAUTIONS

ISOLATION:										
	State isolation poi	nt(s), whether or no	ot isolator(s) has (have) be	een padlocked off, fuses v	withdrawn.					
WARNING NOTICES:										
	State where Cautio	on/Danger notices	have been posted.							
PROVE APPARATUS DEAD:										
	State what tests he	ave been made, wh	ere and with what instru	ments.						
EARTHING:										
	State where appar	ratus has been eart	hed and, for testing, whic	h earths may be removed	d.					
OTHER PRECAUTIONS:										
	Specify if required									
	EME	RGENCY	CONTACT (Pers	on not involve	d in the v	vork)				
]		[
Name:		Position	:			Conta	act:			
			-							
AUTHORISATION AND ACCEPTANCE										
I hereby declare that the above prec specified above is safe to work on.	autions have b	een taken and	d made known to 1	the Permit Accept	or in charg	e of the	work. I d	consider that t	the apparatu	IS
Permit Issuer:	Si	gnature:			Valid I	-rom:	Time:		Date:	
I acknowledge receipt of this permit Neither I or the workers under my co will re-sign this permit once the wor	ntrol will work	on any other			Valid ⁻	Го:	Time:		Date:	
	•									
Permit Acceptor:		Si	gnature:							
		HANDBA	CK, RECEIPT A	AND CANCELL	ATION					
I confirm that the activity has been o	ompleted, che	cked by myse	lf and the area left	secure and in a sa	afe and tid	y conditi	ion.			
Permit Acceptor:			Signature:				Time:		Date:	
<u>SEC</u>	<u>URITY</u>				ESTATE	S & CA	PITAL	DEVELOP	MENT	
l acknowledge receipt of this permit in charge has left the area secure an								completed in safe and tidy of		with this
Tin	e:	Date:					Time:		Date:	

HIGH VOLTAGE PERMIT

0089 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PREC	OTHER PRECAUTIONS:												
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
	AUTHORISATION AND ACCEPTANCE												
I hereby declare that the above precautions have been taken and made known to the Permit Acceptor in charge of the work. I consider that the apparatus													
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0090 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ha	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PREC	OTHER PRECAUTIONS:												
		Specify if require	ed for special circu	imstances.									J
EMERGENCY CONTACT (Person not involved in the work)													
			1										
Name:			Positio	on:					Conta	act:			
	AUTHORISATION AND ACCEPTANCE												
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECURITY ESTATES & CAPITAL DEVELOPMENT												
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0091 REF:

Aston University		 	0001
Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:	•	<u>.</u>	

Has a suitable and sufficient risk assessment been undertaken for th	nis task? 🔿 YES	∩ NO	NB: The Management of Health and Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing

PRECAUTIONS

ISOLATION:											
	State isolation poin	nt(s), whether or	r not isolator(s) ha	ıs (have) been j	oadlocked off, fuses	withdraw	vn.				
WARNING NOTICES:											
	State where Cautio	n/Danger notic	es have been post	ted.							
PROVE APPARATUS DEAD:											
	State what tests ha	ve been made,	where and with w	hat instrumen	ts.						
EARTHING:											
	State where appare	atus has been ee	arthed and, for tes	sting, which ea	rths may be remove	ed.					
OTHER PRECAUTIONS:											
	Specify if required f										
	EME	RGENCY	CONTAC	T_(Person	not involve	ed in t	he work)				
Name:		Positic	on:				Conta	act:			
AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken a	nd made kno	own to the	Permit Accept	tor in c	harge of the	work. I	consider that t	the app	aratus
Permit Issuer:											
		gnature:				Va	lid From:	Time:		Date:	
I acknowledge receipt of this permit a Neither I or the workers under my co will re-sign this permit once the work	ntrol will work					Va	llid To:	Time:		Date:	
win te sign this permit once the work	lis completed.							·		1	
Permit Acceptor:			Signature:								
		HANDB	ACK, REC	EIPT AN	D CANCELL	LATIO	<u>NC</u>				
I confirm that the activity has been co	ompleted, chec	ked by my	self and the a	area left se	cure and in a s	afe an	d tidy condit	ion.			
Permit Acceptor:			Signatu	ure:				Time:		Date:	
<u>SECU</u>	JRITY					<u>EST</u>	ATES & CA	PITA	L DEVELOP	MENT	[
l acknowledge receipt of this permit l in charge has left the area secure and			•						completed in safe and tidy		
Tim	e:	Date:		1				Time:		Date:	

HIGH VOLTAGE PERMIT

0092

REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	∩ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:												
	State isolation poi	int(s), whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdr	rawn.					
WARNING NOTICES:												
	State where Cauti	on/Danger noti	ices have been pos	sted.								
PROVE APPARATUS DEAD:												
	State what tests h	ave been made,	, where and with v	vhat instrumer	ts.							
EARTHING:												
	State where appar	ratus has been e	earthed and, for te	sting, which ea	irths may be remove	ed.						
OTHER PRECAUTIONS:												
	Specify if required	for special circu	ımstances.									
EMERGENCY CONTACT (Person not involved in the work)												
	1											1
Name:		Positi	on:				Co	ontact	:			
					О АССЕРТА	NC	5					
I hereby declare that the above preca specified above is safe to work on.	utions have b	een taken a	and made kn	own to the	Permit Accept	tor in	n charge of	the wo	ork. I	consider that t	the app	aratus
Permit Issuer:						Г					1	
		gnature:				V	/alid Fror	m: Ti	ime:		Date:	
						, L						
I acknowledge receipt of this permit a Neither I or the workers under my cor will re-sign this permit once the work	ntrol will work	on any oth				V	/alid To:	Ті	ime:		Date:	
will re-sign this permit once the work	is completed.	•									1	
Permit Acceptor:			Signature:	[
		HANDE	BACK, REC	EIPT AN	D CANCELI	LAT	ION					
I confirm that the activity has been co	ompleted, che	cked by my	/self and the	area left se	cure and in a s	safe a	and tidy co	ndition	۱.			
Permit Acceptor:			Signat	ure:] ті	ime:		Date:	
<u>SECL</u>	SECURITY ESTATES & CAPITAL DEVELOPMENT											
3	cknowledge receipt of this permit having been informed that the person charge has left the area secure and in a safe and tidy condition.											
Time	e:	Date:		Ī				Ті	ime:		Date:	

HIGH VOLTAGE PERMIT

0093 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:													
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	RATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PREC	OTHER PRECAUTIONS:												
		Specify if require	ed for special circu	imstances.									J
EMERGENCY CONTACT (Person not involved in the work)													
			1										
Name:			Positio	on:					Conta	act:			
	AUTHORISATION AND ACCEPTANCE												
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth				I	Valid 1	Го:	Time:		Date:	
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECURITY ESTATES & CAPITAL DEVELOPMENT												
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

0094 REF:

Aston University

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	\bigcirc NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:	TION:												
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	E APPARATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	TOITI.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth								Date:		
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
	-		works commencing.		

ISOLATION:	TION:												
		State isolation p	oint(s), whether o	r not isolator(s) ho	as (have) been	padlocked off, fuse	s with	ndrawn.					
WARNING NO	OTICES:												
		State where Cau	ition/Danger noti	ces have been pos	ted.								
PROVE APPA	E APPARATUS DEAD:												
		State what tests	have been made,	where and with w	vhat instrume	nts.							
EARTHING:													
		State where app	oaratus has been e	earthed and, for te	sting, which e	arths may be remov	ved.						
OTHER PRECAUTIONS:													
		Specify if require	ed for special circu	imstances.									J
		EM	ERGENCY	CONTAC	T_(Perso	n not involv	red i	in the w	/ork)				
			1										
Name:			Positio	on:					Conta	act:			
			AUT	HORISAT	ION AN	D ACCEPTA	ANG	CE					
l hereby declare tha	at the above press	utions have							o of the	work L	consider that	the app	aratus
specified above is s			been taken t		own to the		5101	Incharg	e or the	WOIK. IN		the app	
Permit Issuer:			Signature:					Valid F	rom				
								valiu r	10111.	Time:		Date:	
l acknowledge rece Neither I or the wor	kers under my co	ntrol will wo	rk on any oth								Date:		
will re-sign this per	mit once the work	is complete	d.										
Permit Acceptor:				Signature:			_						
	-		HANDE	BACK, REC	EIPT AN	ID CANCEL	.LA	TION					
I confirm that the a	ctivity has been co	ompleted, ch	ecked by my	self and the	area left se	ecure and in a	safe	and tidy	/ conditi	ion.			
Permit Acceptor:				Signat	ure:					Time:		Date:	
	SECU	<u>JRITY</u>					<u>E</u> :	STATE	<u>S & C</u> A	PITAL	DEVELOP	MEN	Γ
l acknowledge rece in charge has left th	• •	5		•							completed in safe and tidy		ance with this on.
	Time	e:	Date:		1					Time:		Date:	

HIGH VOLTAGE PERMIT

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REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this tas	k? 🔿 YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION	J:													
		State isolation	point(s),	whether or	not isolator(s) h	as (have) beer	padlocked off, fuse	s with	hdrawn.					
WARNING	NOTICES:	State where Ca	ution/Dr	anger notice	es have been pos	ted								
		State where Ca	ulion/DC	ungernotice	es nave been pos	stea.								
PROVE AP	PARATUS DEAD:													
[State what test	s have be	een made, v	where and with v	vhat instrume	nts.							
EARTHING:														
		State where ap	paratus l	has been ea	arthed and, for te	sting, which e	earths may be remov	/ed.						
OTHER PRECAUTIONS:														
		Specify if requir	ed for sp	oecial circur	mstances.									
		EN	IERG	JENCY	CONTAC	T (Perso	n not involv	ed i	in the v	vork)				
Name:				Positio	on:					Conta	ict:			
				ALIT					CF					
				AUT	HURISAI		D ACCEPTA	1111						
	that the above preca is safe to work on.	autions have	been	taken aı	nd made kn	own to th	e Permit Accep	otor	in charg	e of the	work. I	consider that	the app	aratus
Permit Issuer:			c :											
rennit issuer.			Signa						Valid I	From:	Time:		Date:	
Neither I or the	eceipt of this permit a workers under my cor permit once the work	ntrol will wo	rk on a		•			I	Valid ⁻	Го:	Time:		Date:	
will re-sign this	Semili once the work	is complete	eu.											
Permit Accepto	r:				Signature:									
			H	ANDB	ACK, REC	EIPT AN	ND CANCEL	.LA	TION					
I confirm that th	e activity has been co	ompleted, cl	necked	d by mys	self and the	area left se	ecure and in a	safe	e and tidy	y conditi	on.			
Permit Accepto	r:				Signat	ure:					Time:		Date:	
	SECU	JRITY						E	STATE	S & CA	PITA	L DEVELOI	MEN	[
	eceipt of this permit h It the area secure and					1						completed in safe and tidy		ance with this
	Time	e:		Date:							Time:		Date:	

HIGH VOLTAGE PERMIT

0097 REF:

Aston	University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	⊖ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION:											
	State isolation poin	nt(s) whether c	or not isolator(s) h	as (have) been	padlocked off, fuses	withdrawn					
		inds), whether e	,, 10(150)(10)(3) 11	us (nuve) been	pudioched on, ruses	minarann]
WARNING NOTICES:											
	State where Cautio	on/Danger noti	ices have been po	sted.							
PROVE APPARATUS DEAD:											
	State what tests ha	ive been made	where and with	what instrume	nts						
EARTHING:											
	State where appar	atus has been e	earthed and, for te	esting, which e	arths may be removed	d.					
OTHER PRECAUTIONS:											
Specify if required for special circumstances.											
EMERGENCY CONTACT (Person not involved in the work)											
News		Desiti					Cart	[
Name:		Positi	on:	Contact:							
AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	autions have b	een taken a	and made kn	own to the	e Permit Accept	tor in ch	arge of the	work. I	consider that 1	the app	aratus
]						
Permit Issuer:	Si	gnature:				Vali	d From:	Time:		Date:	
							arronn.	Time.		Date.	
l acknowledge receipt of this permit Neither I or the workers under my co						Vali	d To:	Time:		Date:	
will re-sign this permit once the work				y durigero	as apparatus. I					Bater	
		1									
Permit Acceptor:			Signature:								
		HANDE	BACK, REC	EIPT AN	ID CANCELL		N				
I confirm that the activity has been co	ompleted, cheo	cked by my	/self and the	area left se	ecure and in a sa	afe and	tidy condit	ion.			
											1
Permit Acceptor:			Signat	ture:				Time:		Date:	
SEC	<u>JRITY</u>					ESTA	TES & CA	PITA	L DEVELOP	MEN	[
I acknowledge receipt of this permit	having been in	formed th	at the persor	ו	I am satisfied	that th	e activity h	as been	completed in	accorda	ance with this
in charge has left the area secure and	l in a safe and t	tidy condit	ion.		permit and th	he area	eft secure	and in a	safe and tidy of	conditio	on.
				1							
Tim	e:	Date:]				Time:		Date:	

HIGH VOLTAGE PERMIT

REF: 0098

Aston University	
Aston University	

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this tas	k? 🔿 YES	\bigcirc NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the
			significant findings of assessments and identify those especially at risk. Risk
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of
			works commencing.

ISOLATION	J:													
		State isolation	point(s),	whether or	not isolator(s) h	as (have) beer	padlocked off, fuse	s with	hdrawn.					
WARNING	NOTICES:	State where Ca	ution/Dr	anger notice	es have been pos	ted								
		State where Ca	ulion/DC	ungernotice	es nave been pos	stea.								
PROVE AP	PARATUS DEAD:													
[State what test	s have be	een made, v	where and with v	vhat instrume	nts.							
EARTHING	:													
State where apparatus has been earthed and, for testing, which earths may be removed.														
OTHER PRECAUTIONS:														
		Specify if requir	ed for sp	oecial circur	mstances.									
		EN	IERG	JENCY	CONTAC	T (Perso	n not involv	ed i	in the v	vork)				
Name:				Positio	on:	Contact:								
				ALIT					67					
				AUT	HURISAI		D ACCEPTA	1111						
	that the above preca is safe to work on.	autions have	been	taken aı	nd made kn	own to th	e Permit Accep	otor	in charg	e of the	work. I	consider that	the app	aratus
Permit Issuer:			Signature:											
rennit issuer.			signa						Valid I	From:	Time:		Date:	
Neither I or the	eceipt of this permit a workers under my cor permit once the work	ntrol will wo	rk on a		•			I	Valid ⁻	Го:	Time:		Date:	
will re-sign this	Semili once the work	is complete	eu.											
Permit Accepto	r:				Signature:									
			H	ANDB	ACK, REC	EIPT AN	ND CANCEL	.LA	TION					
I confirm that th	e activity has been co	ompleted, cl	necked	d by mys	self and the	area left se	ecure and in a	safe	e and tidy	y conditi	on.			
Permit Accepto	r:				Signat	ure:					Time:		Date:	
	SECU	JRITY						E	STATE	S & CA	PITA	L DEVELOI	MEN	[
	eceipt of this permit h It the area secure and					1								ance with this
in charge has left the area secure and in a safe and tidy condition. Time: Date: Time: Date:														

HIGH VOLTAGE PERMIT

0099 REF:

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Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NR. The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this tas	k? 🔿 YES	∩ NO	Safety at Work Regulations 1999 (as amended) require that organisations with five or more employees record the		
			significant findings of assessments and identify those especially at risk. Risk		
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of		
			works commencing.		

ISOLATION:												
	State isolation poir	nt(s), whether or	r not isolator(s) ha	ıs (have) been	padlocked off, fuses w	vithdrawn.						
WARNING NOTICES:	State where Cautio	n/Danger potic	ces have been nos	ted								
		n/Dungernouc	es nuve been posi	eu.								
PROVE APPARATUS DEAD:												
	State what tests ha	ve been made,	where and with w	hat instrumer	ts.							
EARTHING:												
	State where appare	atus has been e	arthed and, for te	sting, which ea	orths may be removed							
OTHER PRECAUTIONS:												
	Specify if required f											
	EME	RGENCY	CONTAC	T (Persor	n not involved	d in the v	vork)					
Name:		Positic	on:	Co								
	AUTHORISATION AND ACCEPTANCE											
I hereby declare that the above preca specified above is safe to work on.	autions have be	een taken a	nd made kno	own to the	Permit Accepto	or in charg	je of the	work. I	consider that	the apparatus		
		Γ										
Permit Issuer:	Sig	gnature:				Valid I	From:	Time:		Date:		
l acknowledge receipt of this permit			•			Valial	τ					
Neither I or the workers under my co will re-sign this permit once the work		on any oth	er electrically	/ dangerou	ıs apparatus. I	Valid	10:	Time:		Date:		
Permit Acceptor:			Signature:									
		HANDB	ACK, REC	EIPT AN	D CANCELL	ATION						
I confirm that the activity has been co	ompleted, chec	ked by my	self and the a	area left se	cure and in a sa	fe and tid	y conditi	ion.				
Permit Acceptor:			Signati	ure:				Time:		Date:		
SECU	JRITY					ESTATE	S & CA	PITAL	L DEVELOF	<u>PMENT</u>		
l acknowledge receipt of this permit in charge has left the area secure and			•		I am satisfied to permit and the				•	accordance with this condition.		
Tim	e:	Date:						Time:		Date:		

HIGH VOLTAGE PERMIT

0100 REF:

Aston University

Contractor:	Permit Acceptor:	Mobile Number:	
Location:	Designation of Circuit:	Area(s) Affected:	
Job Details:			
			NB: The Management of Health and

Has a suitable and sufficient risk assessment been undertaken for this task?	⊖ YES	○ NO	amended) require that organisations with five or more employees record the			
			significant findings of assessments and identify those especially at risk. Risk			
Has a method statement been undertaken for this task?	⊖ YES	⊖ NO	assessments and method statements must be submitted to Estates & Capital Development Department in advance of			
			works commencing.			

ISOLATION:														
	State isolation poi	nt(s), whether o	or not isolator(s) h	as (have) been	padlocked off, fuses	witha	drawn.							
WARNING NOTICES:	State where Cauti	n/Dangar nati	isos bavo boon no	tod										
	State where Cautio	on/Danger noti	ces nave been pos	sted.										
PROVE APPARATUS DEAD:														
	State what tests ha	ave been made,	, where and with v	vhat instrumer	its.									
EARTHING:														
	State where appar	atus has been e	earthed and, for te	esting, which ea	arths may be remove	ed.								
OTHER PRECAUTIONS:														
	Specify if required	for special circu	ımstances.											
EMERGENCY CONTACT (Person not involved in the work)														
Name:		Positio	on:	Contact:										
		TIIA				NC	. C							
	AUTHORISATION AND ACCEPTANCE													
I hereby declare that the above preca specified above is safe to work on.	utions have be	een taken a	and made kn	own to the	Permit Accept	tor i	n charge	of the	work. I	consider that	the appa	aratus		
	c:	gnature:				Г								
Permit Issuer:	51					Valid Fro			From: Time: Da					
						┑┝								
I acknowledge receipt of this permit a Neither I or the workers under my cor	ntrol will work	on any oth					Valid To	o:	Time:		Date:			
will re-sign this permit once the work	is completed.										-1 -			
Permit Acceptor:			Signature:											
		HANDE	BACK, REC	EIPT AN	D CANCELI	LA1	ΓΙΟΝ							
I confirm that the activity has been co	ompleted, cheo	cked by my	vself and the	area left se	cure and in a s	safe a	and tidy	conditi	on.					
Permit Acceptor:			Signat	ure:					Time:] Date:			
<u>SECL</u>	JRITY					ES	TATES	& CA	PITAL	L DEVELO	PMENT			
l acknowledge receipt of this permit h in charge has left the area secure and			•	1						completed in safe and tidy				
Time	Time: Date:								Time: Date:					